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INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH
A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY
OF THE ADMINISTRATION AND OPERATION OF
VETERANS' ADMINISTRATION FACILITIES

HEARINGS

BEFORE THE

COMMITTEE ON WORLD WAR VETERANS'
LEGISLATION

HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

FIRST SESSION

PURSUANT TO

H. Res. 192

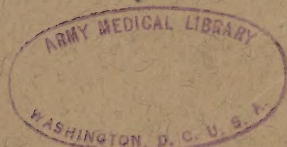
(79th Congress, 1st Session)

A RESOLUTION TO DIRECT THE COMMITTEE ON
WORLD WAR VETERANS' LEGISLATION TO
INVESTIGATE THE VETERANS'
ADMINISTRATION

PART 1

MARCH 22, 24, MAY 15, 16, 17, 18, 22, 23, 24, 29, 31,
JUNE 1, 1945

Printed for the use of the Committee on World War Veterans' Legislation



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U.S. Congress, House.

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UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1945

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SEVENTY-NINTH CONGRESS

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INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, MARCH 22, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met, pursuant to call, at 10:30 a. m., in room 356, Old House Office Building, Hon. John E. Rankin (chairman) presiding.

Present: Representatives Rankin (chairman), Peterson, Allen, Engle, Mrs. Edith Nourse Rogers, Kearney, Bennett, Scrivner, Ramey, Pickett, Ervin, Carnahan, Green, Huber, Auchincloss, and Vursell.

Also present: Brig. Gen. Frank T. Hines, Administrator, Veterans' Administration; and Edward E. Odom, Solicitor, Veterans' Administration.

The CHAIRMAN. The committee will come to order.

Gentlemen, we will be in executive session for a few minutes.

(The committee went into executive session.)

The CHAIRMAN. We have decided to proceed with this hearing.

Mr. Odom, will you please come forward?

STATEMENT OF EDWARD E. ODOM, SOLICITOR, VETERANS' ADMINISTRATION

The CHAIRMAN. A day or two ago I asked you to send the committee a form of the questionnaire covering the questions with reference to these veterans' hospitals. I understand you have submitted one which contains the identical questions which are being investigated by the veterans' organization. Is that correct?

Mr. ODOM. That is correct, Mr. Chairman, and there are sufficient copies so that each member of the committee may have a photostat of the letter and the attachments which were addressed to you by the Administrator.

In addition to the questionnaire there is a copy of a letter issued to all stations on February 5, 1945, by Col. George E. Ijams, Assistant Administrator, which, of course, was before this matter came up but which has a bearing on the situation.

There is also a list of all veterans' facilities attached, and in addition to that, Mr. Chairman, I also brought to you this morning a letter addressed to you by General Hines transmitting, I believe, the third progressive report—

The CHAIRMAN. Before we get to that, let's insert a copy of this letter and material attached to it into the record at this point so that we may have that right in the beginning of the hearings so that members of the committee may look it over and if they want to make any suggestions as to other questions to be raised we would like to have them because we want whoever goes to these hospitals to be able to answer the questions necessary to get the information we desire.

Mr. ODOM. Perhaps I ought to say, Mr. Chairman, that I am informed that a questionnaire almost identical with this is being used and was sent out yesterday or the day before by the three service organizations. One has a representative in the outer room now with a copy.

(The questionnaire and attachments are as follows:)

VETERANS' ADMINISTRATION,
Washington 25, D. C., March 20, 1945.

Hon. JOHN E. RANKIN,

Chairman, Committee on World War Veterans' Legislation, House of Representatives, Washington, D. C.

MY DEAR MR. RANKIN: This has reference to our telephone conversation of even date and complies with your request to be furnished with an outline of subjects to be covered by members of your committee when visiting hospitals of the Veterans' Administration.

Without any thought of limiting the scope of the survey, appraisal or investigation to be made by you and members of your committee, I am glad to submit for your consideration the attached list to be used purely as a guide, of a series of subjects which seem pertinent in determining whether the hospitals are functioning properly.

It is my desire to cooperate fully with you in the investigations to be conducted by your committee and I hope that you will feel free to call on me or any member of my staff, either in central office or the field, for any information you may desire, or for any clerical, stenographic, or other assistance required for the successful completion of your investigation.

It is not my purpose to acquaint the managers of field stations of your visit, as to do so might be misunderstood. However, on February 5, 1945, Assistant Administrator Ijams addressed a letter to the managers of all facilities informing them that I had recently extended again an invitation to the members of your committee to visit our field stations. A copy of this letter, which was released before there was any thought of the present investigation by your committee, is transmitted herewith for your information. I am also enclosing Bulletin No. 1-M, which lists the addresses of all our field stations. I am confident that each and every manager will accord you and the members of your committee the fullest cooperation possible.

Very truly yours,

FRANK T. HINES, *Administrator.*

GUIDE FOR USE IN MAKING SURVEYS OR APPRAISALS OF VETERANS' ADMINISTRATION HOSPITALS

1. After establishing contact with the manager as an initial step preliminary to conducting the survey or appraisal, it is suggested that the general administration of the hospital be discussed with the manager, chief medical officer, and/or clinical director, at which time inquiry should be made as to—

- (a) The type of hospital;
- (b) The procedure of admitting patients to the hospital and the type of service rendered on the admission ward;
- (c) The adequacy of out-patient service;
- (d) The sequence in which service is provided during the examination period on the reception service;
- (e) The outline of the various types of treatment and services rendered on the treatment wards.

Following these preliminary steps consideration should then be given to the following:

PERSONNEL—ADEQUACY AND PERFORMANCE

1. Request them to point out any inadequacies of personnel in the professional, subprofessional, and nonprofessional groups in the various examination or treatment units in the hospital.

- (a) Physicians.
- (b) Nurses.
- (c) Laboratorians.
- (d) Physical-therapy technicians.
- (e) Occupational-therapy aides.
- (f) Attendants.

2. Dietetic department.

- (a) Dietitians.
- (b) Cooks.
- (c) Mess attendants..

3. Administrative.

- (a) The manager.
- (b) Chief medical officer or clinical director.
- (c) Supply officer.
- (d) Utility officer.
- (e) Finance officer.

4. The morale of personnel.

SANITATION AND PREPARATION OF FOOD

1. Inspect kitchens, kitchen utensils, icebox, meat refrigerators, butcher shop, to determine—

(a) The cleanliness of same and the sanitary condition of the department and equipment.

(b) The methods in the storage of food supplies.

2. Observe the preparation of food in the kitchen as to quality, quantity, and variety.

3. Inspect the service of food in the main dining room, ward dinning rooms, including special diets for patients.

4. Ascertain the turn-over in dietetic personnel subsequent to January 1, 1942.

PATIENTS

1. Visit all wards and observe the care and treatment, particularly the wards where seriously and critically ill patients are housed.

(a) The number and types of patients.

(b) The frequency of examinations.

(c) The amount of time devoted to patients by physicians and nurses .

2. Visit as many State institutions, including mental or neuropsychiatric and tuberculosis hospitals, as practicable for the purpose of making a comparison, particularly with reference to the treatment furnished, food served, space, number of physicians and nurses and other employees in comparison with Veterans' Administration facilities.

(a) Compare the standards of treatment in veterans' hospitals with standards of State, county, and municipal hospitals in the same area for the same type of disability.

(b) Can any authentic case of abuse or neglect of a patient be established?

(c) How does the floor space per patient in veterans' hospital compare with space per patient of the same type in other public hospitals in the area.

(d) How does the ratio of physicians, surgeons, nurses, and attendants in Veterans' Administration hospitals compare with other public hospitals of the same type in the same area.

(e) Examine the surgical equipment and other facilities and see how they compare with other nearby State, county, and municipal hospitals.

3. Make inquiry into the privileges granted patients and obtain medical reasons for limitation.

4. Call upon the manager for an explanation and the facts on all meritorious individual complaints.

(a) If it is found that there is an attempt to discuss in detail claims pending for compensation or pension requiring the greater portion of the stay at the hospital, the problem may be met by taking the full name, claim number, and brief description of the case in order that you may later present this information to the Administrator for review and any adjustments indicated.

5. Visit all laboratories, including X-ray, dental, physical therapy, occupational therapy, and ascertain the service rendered to patients.

6. Visit canteen concessionaire and ascertain prices charged for articles, and if reasonable supply of necessary articles is carried in stock and the general sanitary condition of the canteen.

7. Contact the supply officer, ascertain how food supplies are obtained and difficulties encountered since Pearl Harbor in obtaining food and other supplies.

8. Ascertain whether or not fire protection is proper and the facilities are satisfactory to remove patients in case of emergency.

9. Is the contact service at the hospital satisfactory to the patients or considered adequate to take care of the veterans hospitalized?

VETERANS' ADMINISTRATION,
Washington, D. C., February 5, 1945.

Subject: Visits to our facilities of members of the World War Veterans' Legislation Committee.

To All Facilities.

DEAR SIR: Several times in the past the Administrator and I have invited members of the World War Veterans' Legislation Committee of the House to visit our field facilities and to familiarize themselves with the work being accomplished in them. Recently the Administrator has again extended a similar invitation to the members of this committee.

Because of our increased responsibilities and the interest of the members of the World War Veterans' Legislation Committee in the problems of war veterans, it is quite possible that members of this committee will call at your facility. When they do call it is requested that every courtesy be extended to them and that they be allowed to make a full and complete inspection of the facility and to interview any patients with whom they desire to talk.

I am sure you gentlemen will welcome, as we do, a visit from the members of the World War Veterans' Legislation Committee of the House. We feel confident that through personal contacts of this nature the members of the committee will have a better appreciation of the many problems confronting us and of the work which we are accomplishing for the benefit of veterans of all wars whom we are privileged to serve.

Very truly yours,

GEORGE E. IJAMS,
Assistant Administrator.

VETERANS' ADMINISTRATION

Bulletin No. 1-M

DECEMBER 1, 1944.

Subject: Address list of field stations of the Veterans' Administration. Names of managers and announcement of changes.

1. The address for the central office of the Veterans' Administration is as follows:

Central Office,
Veterans' Administration,
Washington 25, D. C.

The exact wording of addresses herein must be followed, since more than one field station is located in many cities.

The manner of addressing mail to field stations is as follows:

(a) Envelopes and packages, thus:

Manager,
Veterans' Administration,
(Street or building, if any),
(City, zone, and State).

Exceptions:

To supply depots use—Manager, supply depot.

To insular offices use—(Insert name), manager.

To area offices, only, use—

Manager,

Veterans' Administration area office No. —.

(Street or building).

(City, zone, and State).

(b) Letters and forms to be mailed in regular envelopes or for flat mailing from the mail room, thus:

Manager.

(Street or building, if any).

(City, zone, and State).

Exceptions:

To supply depots use—Manager, supply depot.

To area offices use—Manager, area office No. —.

2. Key to symbols used herein:

R—Regional office.

GM—General medical.

C—Diagnostic center.

A—Area office.

H—Hospital.

NP—Neuropsychiatric.

T—Tumor clinic.

D—Domiciliary (home).

TB—Tuberculosis.

S—Supply depot.

I—Insular office.

* Regional office or facility having regional office activities.

3. Number and type of field stations:

<i>Type</i>	<i>Number</i>
Regional offices.....	15
Facilities having regional office activities.....	¹ (38)
Field stations with regional office activities.....	(53)
(Branch offices and contact units are under their jurisdiction.)	
Facilities—General medical.....	50
Facilities—Neuropsychiatric.....	30
Facilities—Tuberculosis.....	14
Total facilities having hospital activities, including 9 having domiciliary (home) activities.....	94
Area offices.....	9
Insular offices.....	2
Supply depots.....	2
Readjustment allowance agency.....	1
Total as of Dec. 17, 1944.....	123
Facilities—Scheduled to open after Dec. 31, 1944 (Fort Meade, Fort Washington, Salina).....	3
Total.....	126

¹ Counted in the 94 facilities.

4. Alphabetical list of all field stations by location:

Address	Manager	Type of activities
*Albuquerque, N. Mex.	Mr. David K. Dalager	R, H, GM.
Alexandria, La.	Dr. Tarleton F. Moore	H, GM.
Amarillo, Tex.	Lt. Col. Oma E. Herndon	H, GM.
American Lake, Wash.	Col. John G. Cullins	H, NP.
Aspinwall 15, Pa.	Col. Kelso A. Carroll	H, GM.
*Atlanta, Ga.	Mr. J. M. Slaton, Jr.	R, H, T, GM.
Atlanta 3, Ga., 20 Houston St. NE.	Mr. Wilkes H. Davis	A No. 4.
Augusta, Ga.	Dr. Henry O. Witten	H, NP.
*Baltimore 2, Md., 1315 St. Paul St.	Mr. William L. Limburg	R.
Baltimore 2, Md., 10 North Calvert St.	Mr. Edward A. Keck	A No. 3.
*Batavia, N. Y.	Mr. C. F. Sargent	R, H, GM.
Bath, N. Y.	Col. John A. Hadley	H, D, GM.
*Bay Pines, Fla.	Mr. M. Bryson	R, H, D, GM.
Bedford, Mass.	Dr. Winthrop Adams	H, NP.
Biloxi, Miss.	Mr. Eugene A. Hiller, supply handled for Gulfport.	H, D, GM.
*Boise, Idaho.	Mr. C. H. Hudelson	R, H, D, GM.
Boston 8, Mass., 17 Court St.	Mr. Frederick J. Shea	A No. 1.
*Brecksville, Ohio.	Gen. William L. Marlin	R, H, GM.
Bronx 63, N. Y., 130 West Kingsbridge Rd.	Col. Robert C. Cook	H, T, GM.
Canandaigua, N. Y.	Dr. Hans Hansen	H, NP.
Castle Point, N. Y.	Col. Carleton Bates	H, TB.
*Cheyenne, Wyo.	Mr. Jas. L. Laughlin	R, H, GM.
Chicago 7, Ill., 610 South Canal St.	Mr. John P. Cullen	A No. 6.
Chillicothe, Ohio.	Col. Dennis J. Murphy	H, NP.
Coatesville, Pa.	Dr. Clarence R. Miller	H, NP.
*Columbia, S. C.	Mr. S. C. Groeschel	R, H, GM.
Columbus 15, Ohio, 8 East Chestnut St.	Mr. Vester Garrett	A No. 5.
Dallas 2, Tex.	Lt. Col. Charles L. Magruder	H, GM.
Dallas 2, Tex., 1000 Main St.	Mr. S. P. Kohen	A No. 8.
Danville, Ill.	Dr. George A. Rowland	H, NP.
*Dayton, Ohio.	Mr. John H. Ale	R, H, D, GM.
*Dearborn, Mich.	Mr. Guy F. Palmer	R, H, GM.
*Denver 2, Colo., old customhouse.	Mr. A. D. Borden	R.
*Des Moines 10, Iowa.	Mr. William B. Nugent	R, H, GM.
Downey, Ill.	Col. Delmar Goode	H, NP.
Dwight, Ill.	Lt. Col. William E. Kendall	H, GM.
Excelsior Springs, Mo.	Dr. Forest G. Bell	H, TB.
* Fargo, N. Dak.	Mr. C. T. Hoverson	R, H, GM.
Fayetteville, Ark.	Dr. Frank N. Gordon	H, GM.
*Fayetteville, N. C.	Mr. James S. Pittman	R, H, GM.
Fort Bayard, N. Mex.	Lt. Col. Albert G. Walker	H, TB.
Fort Custer, Mich.	Dr. Roger F. Hentz	H, NP.
*Fort Harrison, Mont.	Dr. Herbert C. Watts	R, H, GM.
Fort Howard, Md.	Lt. Col. Warren L. Fleck	H, GM.
Fort Lyon, Colo.	Col. Cecil B. Shrout	H, NP.
Fort Meade, S. Dak. (scheduled to open about Apr. 1, 1945).	Mr. James E. McMurrer (acting)	H, NP.
Fort Washington, Md. (scheduled to open about Jan. 1, 1945).	Col. William G. Stevens (appointed Oct. 16, 1944).	D.
Gulfport, Miss.	Col. Gettis T. Sheffield, supply handled by Biloxi.	H, NP.
*Hines, Ill.	Mr. Charles G. Beck	T, R, H, C, GM.
Hines, Ill. (use—Manager, supply depot).	Mr. Leslie M. Millholin	S.
Honolulu 1, Hawaii, Federal Bldg.	Mr. Carl M. Walker	I.
Hot Springs, S. Dak.	Mr. Robert R. Gibson	H, D, GM.
*Huntington 1, W. Va.	Mr. H. G. Hooks	E, H, GM.
*Indianapolis 44, Ind.	Mr. B. C. Moore	R, H, GM.
*Jackson 107, Miss., Federal Bldg.	Mr. James W. Butler (acting)	R.
Jefferson Barracks 23, Mo., (change to hospital about December 15, 1944).	Dr. Walter A. German (appointed Dec. 1, 1944).	H, GM.
*Kansas City 6, Mo., 1009 Wyandotte St.	Mr. John A. Brody	R.
Keokoughtan, Va.	Col. Keith Ryan	H, D, GM.
Knoxville, Iowa.	Dr. Frederick S. Salisbury	H, NP.
Lake City, Fla.	Dr. Howard C. Von Dahm	H, GM.
Legion, Texas.	Dr. Carol L. Moore (appointed Dec. 16, 1944).	H, TB.
*Lexington, Ky.	Mr. Harry W. Farmer	R, H, NP.
*Lincoln 1, Nebr.	Mr. E. R. Benke	R, H, GM.
*Little Rock, Ark., Federal Bldg.	Mr. James A. Winn	R.
Livermore, Calif.	Lt. Col. Charles P. Murphy	H, TB.
*Los Angeles 25, Calif.	Col. R. A. Bringham	T, R, H, D, GM (NP).
*Lyons, N. J.	Mr. M. E. Head	R, H, NP.
*Manchester, N. H., Federal Bldg.	Mr. James J. Doyle	R.
Marion, Ill.	Dr. Edward A. Welch	H, GM.
Marion, Ind.	Col. Harry H. Botts	H, NP.
Memphis 4, Tenn.	Dr. H. C. Dodge	H, GM.
Mendota, Wis.	Lt. Col. Letcher E. Trent	H, NP.
*Minneapolis 6, Minn.	Mr. C. D. Hibbard	R, H, GM.
*Montgomery 10, Ala.	Mr. Robert P. Shields	R, H, GM.

*Regional office or facility having regional office activities.

Address	Manager	Type of activities
Mountain Home, Tenn.	Maj. David H. Taylor	H, D, GM.
*Murfreesboro, Tenn.	Mr. Sam Jared, Jr.	R, H, NP.
*Muskogee, Okla.	Mr. Polk T. Lunquest	R, H, GM.
*Newington, Conn.	Mr. Myer Schwolsky	R, H, GM.
*New Orleans 12, La., 333 St. Charles St.	Col. Harry T. Herring	R.
*New York 11, N. Y., 215 West 24th St.	Mr. E. B. Dunkleberger	R.
New York 5, N. Y., 120 Wall St.	Mr. Joseph F. O'Hern	A No. 2.
Northampton, Mass.	Col. William M. Dobson	H, NP.
North Little Rock, Ark.	Col. Duncan D. Campbell	H, NP.
Northport, Long Island, N. Y.	Col. Louis F. Verdel	H, NP.
Oteen, N. C.	Dr. Frank B. Brewer (appointed Dec. 1, 1944).	H, TB.
Outwood, Ky.	Dr. Samuel H. James	H, TB.
Palo Alto, Calif.	Dr. P. G. Lasche	H, NP.
Perry Point, Md.	Col. Harry G. Clarke	H, NP.
Perry Point, Md. (use—Manager, supply depot).	Mr. M. S. White	S.
*Philadelphia 6, Pa., New Customhouse.	Mr. H. J. Crosson	R.
*Pittsburgh 22, Pa., 1001 Liberty Ave.	Mr. Kenneth S. Covey	R.
*Portland 7, Oreg.	Lt. Col. Paul I. Carter	R, H, T, GM.
*Providence 2, R. I., Federal Bldg.	Col. Davis G. Arnold	R.
*Reno, Nev.	Mr. Edward F. Reed	R, H, GM.
*Roanoke 17, Va.	Col. Edwin W. Jordan	R, H, NP.
Roseburg, Oreg.	Dr. George M. Melvin	H, NP.
Rutland Heights, Mass.	Dr. John N. Wilson (appointed Jan. 1, 1945).	H, TB.
Salina, Kans. (scheduled to open about February 1, 1945).		H, D, GM.
*Salt Lake City 3, Utah.	Mr. E. A. Littlefield	R, H, GM.
San Fernando, Calif.	Dr. David C. Farnsworth	H, TB.
*San Francisco 21, Calif.	Col. James G. Donnelly	R, H, C, GM.
San Francisco 4, Calif., 140 Montgomery St.	Mr. Manie C. Perryman	A No. 9.
San Juan, P. R., Federal Bldg.	Maj. Jaime S. Chavarry	I.
San Juan, P. R., Ochoa Bldg.	Mr. George C. Vilas (acting)	Readjustment allowance agency.
*Seattle 4, Wash., Federal Office Bldg.	Mr. O. G. Fairburn	R.
Sheridan, Wyo.	Col. Richard L. Harris	H, NP.
*Sioux Falls, S. Dak.	Mr. Charles B. Kaercher	R.
St. Cloud, Minn.	Dr. John A. Pringle	H, NP.
*St. Louis 1, Mo., 707 Market St. (scheduled to open about Dec. 15, 1944).	Mr. Edward J. Wieland (appointed Dec. 1, 1944).	R.
St. Louis 1, Mo., Old Customhouse.	Mr. Leon L. Leach	A No. 7.
Sunmount, N. Y.	Col. Harold R. Lipscomb	H, TB.
*Togus, Maine.	Mr. M. L. Stoddard	R, H, NP.
*Tucson, Ariz.	Col. William T. Hardaway	R, H, TB.
Tuscaloosa, Ala.	Lt. Col. George L. Johnson	H, NP.
Tuskegee, Ala.	Col. Eugene H. Dibble, Jr.	H, NP (GM).
*Waco, Tex.	Col. Harry Rubin	R, H, NP.
Wadsworth, Kans.	Col. Charles M. Pearsall	H, GM (NP).
Walla Walla, Wash.	Lt. Col. Jesse J. Beatty	H, TB.
*Washington 25, D. C., 300 Indiana Ave. NW.	Mr. Howard F. Dickensheets	R.
Washington 7, D. C., 2650 Wisconsin Ave. NW.	Col. Lewis G. Beardsley	T, H, C, GM.
Waukesha, Wis. (scheduled to open about Dec. 16, 1944).	Dr. Franklin C. Cassidy (appointed Dec. 1, 1944).	H, TB.
*West Roxbury 32, Mass.	Gen. William J. Blake	R, H, GM.
Whipple, Ariz.	Dr. Grover C. Daniel	H, TB.
*White River Junction, Vt.	Col. L. C. Chapman	R, H, GM.
*Wichita 2, Kans.	Mr. Leonard N. Sowards	R, H, GM.
*Wood, Wis.	Mr. Paul G. Froemming	R, H, D, GM.

5. List of locations of all field stations in each State and insular possession:

State	Facilities	Regional and other offices
Alabama	*Montgomery 10: Tuscaloosa Tuskegee	
Arizona	*Tucson, Whipple	
Arkansas	Fayetteville, North Little Rock	Little Rock.
California	Livermore, San Fernando *Los Angeles 25, *San Francisco 21	San Francisco 4 (area office).
Colorado	Palo Alto Fort Lyon	Denver 2.
Connecticut	*Newington	
Delaware (under Philadelphia, Pa., regional office).		

*Regional office or facility having regional office activities.

State	Facilities	Regional and other offices
District of Columbia	Washington 7, 2650 Wisconsin Ave. NW	{ Washington 25 (central office). Washington 25 (regional office).
Florida	*Bay Pines, Lake City	
Georgia	*Atlanta, Augusta	Atlanta 3 (area office).
Hawaii		Honolulu 1 (insular office).
Idaho	*Boise	
Illinois	{ Danville, *Hines Downey, Marion Dwight	Hines (supply depot). Chicago 7 (area office).
Indiana	*Indianapolis 44, Marion	
Iowa	*Des Moines 10, Knoxville	
Kansas	{ Salina, *Wichita 2 Wadsworth	
Kentucky	*Lexington, Outwood	
Louisiana	Alexandria	New Orleans 12.
Maine	*Togus	
Maryland	Fort Howard, Perry Point	Baltimore 2 (regional office).
Massachusetts	Fort Washington	{ Baltimore 2 (area office). Perry Point (supply depot).
Michigan	Bedford, Rutland Heights	Boston 8 (area office).
Minnesota	Northampton, *West Roxbury 32	
Mississippi	Dearborn, Fort Custer	
Missouri	*Minneapolis 6, St. Cloud	Jackson 107.
Montana	Biloxi, Gulfport	Kansas City 6.
Nebraska	Excelsior Springs	{ St. Louis 1: Regional office, area office.
Nevada	Jefferson Barracks 23	
New Hampshire	Fort Harrison	
New Jersey	*Lincoln 1	Manchester.
New Mexico	*Reno	
New York	{ *Lyons *Albuquerque, Fort Bayard *Batavia, Castle Point	New York 11 (regional office).
North Carolina	Bath, Northport, L. I	
North Dakota	Bronx 63, Sunmount	{ New York 5 (area office).
Ohio	Canandaigua	
Oklahoma	*Fayetteville, Oteen	
Oregon	*Fargo	
Pennsylvania	{ *Brecksville, Chillicothe *Dayton	Columbus 15 (area office).
Puerto Rico	*Muskogee	
Rhode Island	*Portland 7, Roseburg	
South Carolina	Aspinwall 15, Coatesville	Philadelphia 6.
South Dakota		Pittsburgh 22.
Tennessee		{ San Juan (insular office). San Juan (readjustment allowance agency). Providence 2.
Texas	*Columbia	
Utah	Fort Meade, Hot Springs	Sioux Falls.
Vermont	{ Memphis 4, *Murfreesboro Mountain Home	
Virginia	Amarillo, Legion	
Washington	Dallas 2, *Waco	{ Dallas 2 (area office).
West Virginia	*Salt Lake City 3	
Wisconsin	*White River Junction	
Wyoming	Kecoughtan, *Roanoke 17	
	American Lake, Walla Walla	Seattle 4.
	*Huntington 1	
	Mendota, *Wood	
	Waukesha	
	*Cheyenne, Sheridan	

*Regional office or facility having regional office activities.

Bulletin No. 1-L and all supplements thereto are hereby canceled.

Frank T. Hines

FRANK T. HINES,
Administrator of Veterans' Affairs.



United States Veterans' Administration Hospital (general medical), San Francisco, Calif.



United States Veterans' Administration Hospital (general medical), Biloxi, Miss.



United States Veterans' Administration Hospital for treatment of tuberculosis, Tucson, Ariz.



United States Veterans' Administration Hospital for treatment of neuropsychiatric patients, Contesville, Pa.



An operation room, United States Veterans' Administration Hospital, Hines, Ill.



View of a part of physical medicine department, United States Veterans' Administration Hospital, Coatesville, Pa.

Mrs. ROGERS. Are there any doctors in that group?

Mr. ODOM. I am not informed.

Mr. KEARNEY. You mean the three commanders?

The CHAIRMAN. Well, we are not in executive session now. Let them come in.

Mrs. ROGERS. I don't think any of the commanders are.

Mr. ODOM. As I say, I brought to the chairman a letter from General Hines transmitting, I think, the third progressive report under the so-called GI bill, the Servicemen's Readjustment Act of 1944, and with that was a great deal of material on the additional hospital facilities, with a chart showing where they are located, the figures with respect to that, a number of photographs showing the type of installation—

Mr. KEARNEY. Mr. Odom, does that progress report you speak of show the numbers of new beds placed since the GI bill was passed?

Mr. ODOM. Yes, sir.

The CHAIRMAN. Will you submit a copy of that also for the record, Mr. Odom?

Mr. ODOM. Yes, sir.

(The report is as follows:)

REPORT SHOWING THE PROGRESS AND STATISTICAL FACTS RELATIVE TO THE ADMINISTRATION OF PUBLIC LAW 346, SEVENTY-EIGHTH CONGRESS, JUNE 22, 1944, SERVICEMEN'S READJUSTMENT ACT. MADE BY THE ADMINISTRATOR OF VETERANS' AFFAIRS, BRIG. GEN. FRANK T. HINES, TO THE COMMITTEE ON WORLD WAR VETERANS' LEGISLATION, HOUSE OF REPRESENTATIVES

PART III

TITLE I—HOSPITALIZATION

Title I of the Servicemen's Readjustment Act of 1944, Public Law 346, Seventy-eighth Congress, June 22, 1944, relates to hospitalization, claims, and procedure. Consideration will be given first to the provisions relating to hospitalization.

Section 100 of the act declares the Veterans' Administration is be an essential war agency and entitled second only to the War and Navy Departments to priorities in personnel, equipment, supplies, and material under any laws, Executive orders, and regulations pertaining to priorities, and in appointments of personnel from Civil Service registers, the Administrator of Veterans' Affairs is granted the same authority and discretion as the War and Navy Departments and the United States Public Health Service. The priorities for materials apply also to any State institution to be built for the care or hospitalization of veterans.

The Administrator of Veterans' Affairs and the Federal Board of Hospitalization are authorized and directed by section 101 to expedite and complete the construction of additional hospital facilities for war veterans and \$500,000,000 was authorized to be appropriated for this purpose.

It should be explained that approval of hospital projects by the Federal Board of Hospitalization is required before construction may be commenced. This requirement applies to any project of the Federal Government that has to do with building a hospital, enlarging a hospital, or transferring a hospital from one agency of the Government to another. In this manner essential coordination of Federal expenditures for hospital purposes is insured. The members of the Federal Board of Hospitalization, of which the Administrator of Veterans' Affairs is chairman, are the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, the Assistant Administrator of Veterans' Affairs in Charge of Medical and Domiciliary Care, Construction and Supplies, the Commissioner of Indian Affairs, and the Director of the Bureau of Prisons. Recommendations of the Board must have the approval of the President.

Section 102 authorizes the transfer of facilities, supplies, etc., between the Veterans' Administration and the Army or Navy and makes clear that nothing in the Selective Training and Service Act of 1940, as amended, or any other act, shall be construed to prevent the transfer or detail of any commissioned, ap-

pointed, or enlisted personnel from the armed forces, to the Veterans' Administration subject to agreement between the Secretary of War, or the Secretary of the Navy, and the Administrator of Veterans' Affairs.

It is provided in section 104 that any person entitled to a prosthetic appliance shall be entitled, in addition, to necessary fitting and training, including institutional training in the use of such appliance whether in a service or a Veterans' Administration hospital or by out-patient treatment, including such service under contract.

Instructions were issued to field offices of the Veterans' Administration July 25, 1944, calling attention to the provisions of section 104 of the act and that service in fitting and training in the use of such appliances may be obtained under contract, if determined necessary by the medical director.

The Veterans' Administration has experienced difficulty in recruiting personnel of most categories, professional, subprofessional, and others, adequately to main Veterans' Administration facilities containing at the present time approximately 90,000 beds. In the past the shortages in personnel have been largely in the various classes of doctors, nurses, dietitians, other technicians, and attendants. The need for physicians has very largely been met through agreement with the Secretaries of War and Navy whereby Veterans' Administration physicians have been commissioned and they and others in the active service have recently been detailed to duty with the Veterans' Administration. After all efforts of recruitment, including the use of conscientious objectors, and the transfer of new employees from noncritical labor areas to facilities situated in the more industrialized areas, had failed to secure the absolutely essential minimum of attendant and similar personnel, arrangements were made with the Secretary of War whereby some 6,000 officers and enlisted men, the latter mostly of limited service classes, are detailed to the Veterans' Administration for limited periods. As of March 8, 1945, 1,695 officers have been detailed from the Army and 13 from the Navy to Veterans' Administration hospitals and 6,017 enlisted personnel were assigned or allotted to 42 hospitals.

Arrangements have recently been made for the detail of personnel from the Public Buildings Administration and 29 men have reported for duty, for assignment in connection with engineering and drafting work. Additional men will be detailed during the next 2 months. It will be appreciated that the Veterans' Administration can only open and run the number of beds that can be properly manned because it would be unsafe to do otherwise.

One of the principal problems of the Veterans' Administration following the beginning of the war was the securing of the necessary priorities in acquiring personnel, equipment, supplies, and material. While much was accomplished prior to the enactment of Public Law 346, Seventy-eighth Congress, through co-operation with the War and Navy Departments, numerous technicalities of a legal nature could not be overcome, because the Veterans' Administration had not been classified as a war agency. Hence, the importance of this congressional declaration cannot be overemphasized. This priority status has enabled the Veterans' Administration to expand many of the services, deemed by the Congress to be necessary in order to furnish the maximum of service to veterans.

At the present time the Veterans' Administration has 11,000 hospital beds under construction. Since the passage of the act, June 22, 1944, there have been completed 3,897 beds for neuropsychiatric patients and 383 beds for tuberculosis patients.

The following tabulation shows the location, type of hospital, and number of additional beds where construction has been commenced since the passage of the act:

	<i>Additional beds</i>
Coatesville, Pa.: Neuropsychiatric.....	328
Dearborn, Mich.: General medical.....	765
Dwight, Ill.: General medical.....	104
Los Angeles, Calif.: Neuropsychiatric.....	432
North Little Rock, Ark.: Neuropsychiatric.....	640
Perry Point, Md.: Neuropsychiatric.....	328
Sheridan, Wyo.: Neuropsychiatric.....	164
Tuscaloosa, Ala.: Neuropsychiatric.....	328
Tuskegee, Ala.: Neuropsychiatric.....	328
Waco, Tex.: Neuropsychiatric.....	164
Gulfport, Miss.: Neuropsychiatric.....	164
Lexington, Ky.: Neuropsychiatric.....	492
Murfreesboro, Tenn.: Neuropsychiatric.....	492
Lebanon, Pa. (new hospital): Neuropsychiatric.....	527

In further compliance with section 101 of the act, the Veterans' Administration, in collaboration with the Federal Board of Hospitalization, submitted an estimated program covering the hospital needs of the Veterans' Administration up to and including June 30, 1947. This program covered the estimated requirements for additional beds and provided for the acquisition by new construction or by transfer at such time as they might become available from the Army and Navy of approximately 22,000 beds. This program was approved by the President on September 12, 1944, and the Administrator of Veterans' Affairs was authorized to submit a specific construction program totaling approximately 14,100 beds for inclusion in the appropriation estimates for the fiscal year 1946. The recommendations also provided that the factual basis of this program should be frequently reappraised and, in any event, should be reviewed prior to July 1945 so that recommendation may be made for any modifications in the program that experience or changes in law may indicate.

In determining the number of hospital beds required, consideration is given to those veterans residing in the area that is closest to a hospital of a given type. The policy of the Veterans' Administration has been to provide hospital services for all types of cases to veterans in any part of the country within reasonable distances of their homes, and to have hospital services equally available in all parts of the country. It will be recognized that reasonable distances cannot be the same in sparsely populated areas as in the large metropolitan centers. However, in isolated areas which are 200 to 300 miles from hospitals, facilities are recommended when the entitlement of the area justifies construction of a hospital of such size as may be economically operated. It is apparent that availability from the standpoint of distance alone cannot approach actual equalization. However, inequalities in this respect are balanced to a considerable extent by the fact that travel in the less populous sections of the country is generally easier than in heavily populated areas. Also, people living in regions that are thinly populated are more accustomed to traveling for considerable distance for their occasional needs and accept the necessity for such travel as a normal element of their life. In areas that include large metropolitan centers, it is appropriate and desirable, especially in case of general hospitals, to locate facilities in such centers.

A statement showing by location the hospital and domiciliary beds under the control of the Veterans' Administration as of January 31, 1945, and the authorized or proposed development of facilities is attached to this report.

The map of the United States which is made a part of this report gives a ready reference to the location of the facilities of the Veterans' Administration and other Government hospitals utilized by the Veterans' Administration.

While it may be stated that the construction completed and much of that now in progress, was the result of a program developed prior to the passage of the act, the completion of this construction program has been expedited and facilitated by the additional authority extended by the act.

The difficulties formerly encountered in obtaining labor and materials for construction projects are being overcome by the priority fixed in the act. Also considerable amounts of construction supplies and laundry equipment have been procured from the Army.

The transfer of surplus Army installations and property as authorized by the act is being accomplished. Approximately 3,500 beds have been acquired as the result of the transfer of Fort Washington, Md., and Camp Phillips, Salina, Kans., to the Veterans' Administration by the War Department. These installations have an acreage of 341.43 and 640, respectively. The Tomah Radio School property at Tomah, Wis. (sometimes referred to as the Tomah Indian School), containing 389 acres of land was transferred from the Department of the Interior to the Veterans' Administration by Executive order of February 13, 1945. It is planned to construct a neuropsychiatric hospital of 1,328 beds on this site. Additional acreage at Fort Lyon, Colo., is in process of being transferred from the War Department. One of the newest acquisitions, Fort Meade, S. Dak., comprising 8,357.81 acres, was transferred from the War Department September 11, 1944. Construction and renovation work is 76 percent accomplished and when completed will make available 720 neuropsychiatric beds. It is anticipated that this work will be finished April 15, 1945.

Notwithstanding the shortage of personnel and other conditions brought about by war emergencies, it will appear that substantial progress has been made in improving and extending our medical services. Special emphasis is being placed on all factors involved in scientific hospital practice, including the use of the most modern and scientific methods of both diagnosis and treatment. During the past year penicillin was released and made available in reasonable quantities

to all general hospital facilities. Much of the old X-ray equipment is being replaced with the new shock-proof type. New and special types of hospital equipment is being furnished certain facilities, including gastroscopes for Portland, Oreg., and Hines, Ill., a technicon for automatically staining pathological tissues for Portland, Oreg.; and encephalographs for Hines, Ill.; Los Angeles, Calif.; and Washington, D. C.

In view of the fact that many veterans of the present war are in areas where tropical diseases are prevalent, there has developed a need for providing special facilities for the treatment of beneficiaries suffering from these ailments. Although general hospitals have both laboratory and treatment facilities adequate for the care of ordinary types, it was found necessary to establish centers where special diagnostic and treatment facilities would be available for problem cases. Consultants with national reputations as specialists in tropical medicine are available at centers established at the Bronx, N. Y.; Biloxi, Miss.; San Francisco, Calif.; Hines, Ill.; and Washington, D. C.

All neuropsychiatric hospitals are giving electric shock therapy or preparing to institute this form of treatment which has largely supplanted insulin subshock therapy, although the latter is still the preferred method in certain cases, this treatment being particularly adapted to the younger veterans who are in an early stage of mental disability. At several neuropsychiatric hospitals electroencephalographic equipment is now in use and it has been authorized for a majority of the hospitals of this type. Fever therapy has also been instituted in a number of hospitals. Experience with electric shock therapy has been most encouraging particularly in cases of manic depressive psychosis, involutional melancholia, reactive depression, and the catatonic type of dementia praecox. Its field of usefulness is enhanced by the fact that the majority of the acute psychoses now being admitted are found among the rapidly increasing number of World War II veterans.

December 21, 1944, there was announced the appointment of a special medical advisory group to the Administrator of Veterans' Affairs composed of the leading medical authorities of the country and selected to cover all the major specialties in medicine. The functions of this group will be concerned primarily with the perplexing medical problems that are confronting the Veterans' Administration in the examination and treatment of thousands of younger veterans of the present war. This group will supplement the work of the several hundred eminent medical consultants in various parts of the country and the resident hospital staffs of the Veterans' Administration hospitals. It will assist in establishing policies and in solving many perplexing problems that face the Veterans' Administration in the examination and treatment of thousands of veterans who are being hospitalized. One of the primary problems is securing and training the highly qualified professional and subprofessional personnel needed to care for the increased number of hospital patients and expanding the out-patient group coming to the Veterans' Administration. The services of these outstanding authorities are also expected to be invaluable in outlining and assaying research work in war medicine and making recommendations as to the desirability of results for incorporation in clinical and therapeutic practices in veterans' hospitals. This phase of the work will include important decisions as to the extent of teaching and research facilities that should be undertaken by the Veterans' Administration and cooperating agencies to meet these problems.

The special medical advisory group held its first conference in Washington, D. C., on February 28 and March 1, 1945. The members of the group are as follows:

Dr. George Morris Piersol, Philadelphia, Pa., professor of medicine, Graduate School of Medicine, University of Pennsylvania; director of the center for instruction and research in physical medicine, University of Pennsylvania; medical director, Bell Telephone Co. of Pennsylvania; and editor in chief, the Encyclopedia of Medicine, as chairman.

Dr. Roy D. Adams, Washington, D. C., clinical professor of medicine, Georgetown University School of Medicine, and visiting physician in internal medicine, Columbia Hospital, has been appointed as permanent secretary of the group.

Dr. Louis Abell, Louisville, Ky., professor of surgery, University of Louisville School of Medicine; past president, American Medical Association; past president, Southern Surgical Association; past president, Gastroenterological Association; past president, Southern Medical Association.

Dr. Alfred W. Adson, Rochester, Minn., senior neurosurgeon, Mayo Clinic; professor, neurosurgery, Mayo Foundation; past president, Society of Neuro-

logical Surgery; member, International Neurological Association; subcommittee, neurological surgery, National Research Council.

Dr. John Alexander, Ann Arbor, Mich., professor of surgery and surgeon in charge, section of thoracic surgery, University of Michigan School of Medicine; member subcommittee on thoracic surgery, National Research Council; chief surgeon, Michigan State Sanatorium; member of advisory editorial boards, Journal of Thoracic Surgery, Review of Tuberculosis, International Abstracts of Surgery; and past president of the American Association of Thoracic Surgery.

Dr. J. Burns Amberson, New York City, professor of medicine, Columbia University College of Physicians and Surgeons; chief, chest service, Bellevue Hospital; past president, National Tuberculosis Association; and chairman, subcommittee on tuberculosis, National Research Council.

Dr. George E. Bennett, Baltimore, Md., adjunct professor of orthopedic surgery, Johns Hopkins University School of Medicine; attending orthopedic surgeon, Johns Hopkins Hospital; and member, committee on surgery, National Research Council.

Dr. W. Edward Chamberlain, Philadelphia, Pa., director, radiology, Temple University Hospital; professor of radiology, Temple University; member National Research Council; American Radium Society; former chairman, board of chancellors, American College of Radiology, Radiological Society of North America.

Dr. John S. Coulter, Chicago, Ill., professor, physical therapy, and in charge of physical therapy departments, Northwestern University; American Congress of Physical; Council on Physical Therapy.

Dr. Max Cutler, Chicago, Ill., former director, Michael Reese Hospital, Chicago; and former instructor in pathology, Cornell Medical School and Memorial Hospital, New York; former director, New York City Cancer Institute; associate in surgery, Northwestern University, past president, American Association for Study of Neoplastic Diseases.

Capt. Erik G. Hakansson, United States Navy, medical director, Naval Medical Research Institute; National Naval Medical Center, Bethesda, Md.

Dr. William F. Lorenz, Madison, Wis., professor of psychiatry, University of Wisconsin Medical School; and chairman of the Wisconsin State Board of Mental Hygiene.

Dr. Malcolm T. MacEachern, Chicago, Ill., associate director and chairman, administration board, American College of Surgeons; former general superintendent, Vancouver General Hospital, Vancouver, British Columbia; member, Committee on Hospitals and Memorial Commission Physical Rehabilitation, National Defense Advisory Council; advisory board, American Dietetic Association; Advisory Council Association of Medical Social Workers.

Dr. James S. McLester, Birmingham, Ala., director, medical services and physician in chief, Hillman Hospital; professor, medicine, Alabama University, American Clinical and Climatological Association; past president, council on foods and nutrition; past professor, pathology and associate professor medicine, Birmingham Medical College; member, food and nutrition board, National Research Council.

Dr. Frederick W. Parsons, New York City, formerly assistant professor, psychiatry, University of Buffalo School of Medicine; superintendent (former) of Buffalo State Hospital and commissioner (former) Department of Mental Hygiene, New York.

Dr. O. H. Perry Pepper, Philadelphia, Pa., professor of medicine, University of Pennsylvania School of Medicine, member, board of regents, American College of Physicians; and chairman of committee on medicine of the division of medical sciences, National Research Council.

All the counselors in this group have indicated their intention of visiting various hospitals of the Veterans' Administration for the purpose of making a study of the clinical procedures being practiced at those facilities.

The second conference of the group is scheduled for May 2-3, 1945.

Since the enactment of Public Law 346, Seventy-eighth Congress, the procurement of new medical equipment for treatment and care of World War II patients has been expedited. As typical of what is being done in this field, reference is made to the following items:

Installation of shock therapy equipment in all neuro-psychiatric hospitals at a cost of approximately \$15,200.

Purchase of special equipment for treatment of spinal cord injury cases with paralysis consisting of orthopedic beds, overhead bed frames, Stryker turning

frames, bed tents, electric thermostatically controlled for heating lower extremities. Approximate cost, \$100,000.

New physical therapy equipment recommended for purchase at a cost of approximately \$200,000.

Action initiated to establish occupational therapy activities in all general medical hospitals. New equipment being furnished for this purpose at an approximate cost of \$63,000.

Dental clinics: Expansion of from 25 to 150 percent have been completed at 15 stations. Expansion authorized of from 25 to 200 percent at 12 stations. Expansion approved of from 100 to 150 percent at 10 stations. Expansion proposed of from 30 to 200 percent at 15 stations. Cost of the new equipment for this purpose is approximately \$186,000.

Electro encephalographs for special diagnostic purposes have been approved and are in the process of procurement for 30 stations. Some of these instruments have been delivered and installed. Approximate cost, \$26,400.

Action is being taken to provide wards or buildings at a number of facilities for hospitalization of female patients in such wards or buildings. Everything is being provided for the comfort of these female patients, such as complete beauty-parlor equipment, separate library facilities, recreational activities including portable motion picture equipment and occupational therapy activities.

A number of the facilities have been furnished muscle training apparatus such as shoulder wheels, stall bars, pulley weights, invalid walkers, wrist rolls, shoulder ladders, and walking ramps, at an approximate cost of \$6,000.

As illustrative of the modern type of construction and equipment, pictures of a few of the Veterans' Administration Facilities are attached as exhibits to this report.

It is clear from the foregoing summary of activities that the Veterans' Administration is fully alert to its heavy responsibility in the matter of affording hospitalization for veterans as the Congress has authorized. Construction is along the most approved modern lines, in fact the Veterans' Administration Construction Service has made a specialty of hospital construction and in view of its specialization in hospital work has assisted many State and foreign governments in the preparation of hospital plans. The medical service is studying continuously new methods of treatment and requirements of the younger men and women who are our latest group of beneficiaries. No effort will be spared to maintain the highest standards of hospital and medical care for those who have served our Nation in its time of greatest need.

MR. SCRIVNER. At this point may I ask a question, Mr. Chairman?

THE CHAIRMAN. Yes.

MR. SCRIVNER. I notice the date of the letter is February 5. In what form was the invitation extended to members of the committee to visit the hospitals and facilities?

MR. ODOM. That was done informally.

MR. SCRIVNER. I didn't recall that I ever received an invitation.

MR. ODOM. That was entirely informal, was it not, Mr. Chairman?

THE CHAIRMAN. Yes. I notice here you have some photographs of hospital facilities. I think that we can have them and the maps also inserted in the record. We will try it at least.

MRS. ROGERS. That is a photostatic copy of the letter signed by General Hines?

MR. ODOM. A mimeographed copy.

I think I should have stated perhaps that General Hines is unavoidably detained at another committee but he will be here as soon as he can be released.

Colonel Ijams and Dr. Griffith are both here to take up anything you desire.

This matter that I wish to mention now is a little out of line with hospitalization but I think you ought to have it. We gave you a progress report a few weeks ago on title III of the GI bill, and I now have the last weekly figures and I will read them off. They are very short.

This is on the number of loans applied for. It shows that up to last Saturday applications for certificates of eligibility had been received in 11,820 cases for home loan guaranties. Applications had been received in the number of 2,984, had been granted in the number of 1,984, had been rejected in 436 cases and 564 were pending.

The total guaranteed—just the guaranteed part, not the amount of loans—was \$3,303,386.46.

Mr. SCRIVNER. How many loans was that?

Mr. ODOM. That was 2,984 loans.

On farms only 725 certificates had been applied for, 17 applications had been received, 7 had been granted, none had been rejected but 10 were being processed. Those 7 only amounted to \$8,150.

Mr. PICKETT. Do you happen to know whether or not there has been an adjustment made of appraisal facilities?

Mr. ODOM. I asked Mr. Breining, Assistant Administrator on that, and he said he was getting those as fast as he could locally.

Mr. ALLEN. Do you have any figures to show what percent of the men who have been separated from service in this war have made application for the loans?

Mr. ODOM. I have not worked this out in percentages but I notice the sum total of applications for eligibility certificates up to last Saturday was only 13,954.

Mr. SCRIVNER. One-tenth of 1 percent?

Mr. ODOM. Not over that.

Mr. ALLEN. What I want to know is this: It is evident that they are not making application—

Mr. ODOM. I think that is so, Mr. Allen. A great many of the boys were given the wrong impression.

I am told that some get the wrong impression before they get out of the service, and a great many of them got the information in published form of some sort, that all they had to do was to walk into a bank and make an application and walk out with \$2,000 and, of course, these boys have been bitterly disappointed.

Mr. ALLEN. There never has been a time in the history of this country when the banks have so much money to loan and they don't have to make this application unless they want to.

If a veteran finds a piece of land he can buy, he can buy it on credit as a rule, or can get money from the local bank without going through this red tape and many of them prefer it.

We don't give them this money, you know: it all has to be paid back and, besides, a local bank has rules that from their viewpoint are probably more flexible than the rules imposed through this legislation.

Down where I live the young men there who are energetic and want to borrow money from the local bank as a rule can get it.

Mr. SCRIVNER. And we want to encourage that.

Mr. KEARNEY. The national banks won't touch it anyway.

Mr. ALLEN. The national banks came to see me and they had an amendment that they wanted me to introduce that would give them the same rights that the State banks had, and they promised me yesterday or the day before that they would write me a letter setting out a full statement as to why they want this change made, and they left a copy of the bill with me.

Mr. KEARNEY. That is what Mr. Odom just spoke about; they amortize their mortgages within 10 years.

Mr. SCRIVNER. There is no use in piecemealing this stuff. The whole title III have to be revamped, anyhow.

Mr. ALLEN. I notice you said 400 or 500 had been turned down.

Mr. ODOM. 436.

Mr. ALLEN. Out of how many applications?

Mr. ODOM. Out of 2,984.

Mr. ALLEN. Well, you say that is a high percentage that was turned down?

Mr. ODOM. And I may say all of those were because of the reasonable normal value.

Mr. SCRIVNER. Appraisal?

Mr. ODOM. Appraisal.

The CHAIRMAN. As a rule this is the last avenue they resort to, because the ones who have credit at home and can find land or find homes will obtain the loans. They exhaust their efforts with the local people before they come to the Veterans' Administration.

Mr. ODOM. The 4-percent interest is quite attractive and they get the interest upon the amount for the first year.

Now, the information on business: 1,409 applications for certificates of eligibility for business loans have been received; 47 applications for guaranty had been received and 37 had been allowed. That is a high percentage. Only two were declined and eight were in process.

I think I should also tell this committee that I have been in touch with the associations of State governors and attorneys general of the States and, of course, have been in correspondence with the legislative leaders of the States and they have almost universally attempted, and many have succeeded, in enacting legislation which correlates or integrates their statutes on lending institutions such as banks, insurance companies, and building and loan associations with the provisions of title III, so that nearly all the States will have laws that will be integrated with the title as it now exists after this war.

The CHAIRMAN. I would like to have this part of the record separated from the hospital proposition so we will have it all in sequence. Is that all you have?

Mr. SCRIVNER. Could I ask one more question?

The CHAIRMAN. Yes.

Mr. SCRIVNER. What is your latest report on the number of veterans now on unemployment compensation?

Mr. ODOM. I will have that figure for you in just a moment.

Mr. SCRIVNER. I saw a figure someplace that I can't find now, but it seems to me it was 175,000 or so.

Mr. ODOM. On the unemployment allowances for the week of March 3, 1945, there were 28,892 veterans receiving unemployment compensation. I have several other weeks here. For the week of February 3, 1945, there were 25,693; for the week of February 24, there were 24,459; for the week of February 17 there were 26,407; for the week of February 10 there were 27,877; and then for the week of February 3, as I have given before, there were 25,693.

You will note there has been a gradual increase except for 1 week.

Mr. ALLEN. Does that indicate that you have more unemployment-compensation applications than you do for the educational feature, the loan grant, and everything else in the bill?

Mr. ODOM. For the loan, yes; but let's see about the education, Mr. Allen.

For the education we find that under Public Law No. 16 we have 51,570 active cases; applications approved pending induction, 3,129; applications denied pending induction, 2,009; in training, 10,676.

Under Public Law No. 346, title II of the so-called GI bill, the number of cases on file, 45,137; number eligible for training—that is those who have been rated eligible and allowed—35,389; and the number actually in training, 15,002, so those figures are running higher.

Mr. ALLEN. That runs to what?

Mr. ODOM. January 31.

Mr. SCRIVNER. Men are receiving unemployment compensation, which is \$20 a week as compared with \$50 to the school, and only 15,000 are actually in school under title II.

Mr. ODOM. That is correct.

The CHAIRMAN. We are virtually starting in on hearings that are going to take us through the whole field of veterans' legislation.

Mr. ODOM. Out of order, Mr. Chairman, because it does not apply to this particularly, although in one way it does; may I call your attention and the attention of the committee to the letter addressed to you on March 21, 1945, in answer to Mr. Ketchum's letter on your bill, S. 294, which the Veterans' Administration is very anxious to have you consider?

Our veterans in foreign countries like Canada, Great Britain, and Ireland, and so on, are being taken care of, but we have no authority to take care of their veterans who served in World War II, although we do have veterans who served in World War I.

At the time I checked up there were some thirty-odd American citizens residing in this country who served in the Canadian or British Air Forces and were discharged because of disability. Both Canada and Great Britain, as well as Holland, have requested conferences to work out cooperative arrangements for World War II veterans the same as we had in 1921 for the World War I veterans.

Mr. SCRIVNER. Of course, in 1921 you did not have all the things that we have given the World War II veterans.

Mr. ODOM. But their legislation like ours does not give these benefits to the veteran unless he lives in the country.

The CHAIRMAN. Submit a copy of this letter for the record.

(The letter is as follows:)

VETERANS' ADMINISTRATION,
Washington 25, D. C., March 21, 1945.

Hon. JOHN E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,
House of Representatives, Washington, D. C.*

MY DEAR MR. RANKIN: This has reference to your letter of March 16, 1945, transmitting a letter addressed to you March 14, 1945, by Mr. Omar B. Ketchum, national legislative representative, Veterans of Foreign Wars, wherein he requests delay in connection with S. 294. It is regretted that any delay has occurred in connection with this bill as this legislation is very much needed in order that we may do for World War II veterans what we have been doing for a quarter of a century for World War I veterans.

Mr. Ketchum makes only two points in objection: (1) That veterans' facilities are not sufficient to hospitalize all American veterans; and (2) that there is no requirement of reciprocity.

On the first point it should be borne in mind that the authority which would be granted the Administrator, should the bill become a law, is wholly discretionary, and you may be sure that veterans of Allied countries would not be

hospitalized in preference to those of this country. You are also informed that the numbers involved are not material but, as you well know, a number of American citizens volunteered and served in both the Canadian and British Armies before America entered the war. These veterans upon discharge, usually for serious combat disability, return to their homes and require medical attention, and in some instances hospitalization. Both the British and Canadian Governments, as well indeed as the Government of Holland, have requested that we enter into reciprocal agreements as was done with respect to World War I veterans under the authority insofar as concerns the Veterans' Administration in section 202 (14) of the World War Veterans' Act. That statute, like the present bill, does not condition the furnishing of such services upon a prerequisite of reciprocity. The laws of the Allied Governments permit the rendering of such services for the World War or any other veterans of this country who are residents in those countries; and the Administrator has full authority under section 1500 of the Servicemen's Readjustment Act of 1944 to contract for such services. All that is needed is statutory authority for the Administrator to reciprocate.

No expense to the Federal Government would be involved inasmuch as the bill, if enacted, would authorize the services to be furnished only upon the agreement to reimburse the Government for the cost thereof as determined by the Administrator. It is the opinion of the Veterans' Administration that it is more practical from the administrative and accounting point of view to handle cases upon an individual reimbursement basis than upon any reciprocal offset arrangement.

The legislation, it is understood, was cleared by the Bureau of the Budget with the State Department and any other Government departments or services interested in the problem. As indicated, the legislation is very much needed as there are being held at the present moment requests from the several governments mentioned for conferences looking toward the development of reciprocal agreements on a parity with those existing for World War I veterans under the statute mentioned. Any action therefore which your committee can take to expedite favorable action on the bill will be appreciated not only by the Veterans' Administration, but by several governments allied with this country in the present war.

Very truly yours,

FRANK T. HINES, *Administrator.*

Mrs. ROGERS. They pay for it, do they not?

Mr. ODOM. The exact cost. We don't want it on a reciprocal basis, as Mr. Ketchum suggested, because our accounting officers suggest it is better on an individual case basis.

Mr. ALLEN. I notice this letter speaks of Mr. Ketchum's objection to hospitalization. I understand these are not American veterans.

Mr. ODOM. If I understand you, they are American citizens who went with Canada before we entered the war. Most of them are, although this would include citizens of Canada or Britain or any Allied country. It happens there are very few in that number.

Mr. BENNETT. How does it happen that we have veterans in these foreign countries?

Mr. ODOM. As far as World War II is concerned, I don't know of any, but we have a number of World War I veterans.

You, in your GI bill, gave full authority to contract with anybody in the world for care and attention no matter where they are. We do not need any legislation insofar as getting these other countries to give our men, no matter who they are, whatever we want them to supply us. We have an agreement with Canada and Great Britain and other countries whereby if we have a veteran, no matter what war he was in, they will furnish the services and bill us for them. We cannot do that for them except in the case of World War I veterans.

The CHAIRMAN. You want the same authority for World War II that we have for World War I?

Mr. ALLEN. In case of World War veterans over here from England, maybe British subjects who came to the United States and fought

in the First World War, they can come to the veterans' facilities here and get the same assistance as one of our own men?

The CHAIRMAN. No, he gets what Britain authorizes.

Mr. ALLEN. And we submit the bill to Great Britain?

Mr. ODOM. Yes.

Mr. BENNETT. Do you know how many veterans of other countries we have over here that it would be likely we would have to take care of?

Mr. ODOM. The last time I checked up there were 32 that were receiving care.

Mr. BENNETT. I notice something was said in the bill about providing investigations.

Mr. ODOM. On NP cases they often have to have and they do for us. If we have a veteran residing in Canada and application is made for hospitalization for NP cases, or a guardianship case, the Canadian Government will make the investigation for us and charge us the actual cost for doing it.

We do that for them as to World War I veterans.

Mr. ALLEN. England has always paid the bill promptly when presented?

Mr. ODOM. Oh, yes. I understand Canada is the one most interested.

Mr. ERVIN. Where the bill uses the word "education" it means what?

Mr. ODOM. The type of education that they give. Understand, this has to be authorized by the Government in whose service these men served before they can get a penny.

Mr. ERVIN. It is a matter of you scratch my back and I will scratch yours?

Mr. ODOM. Yes.

Mr. ERVIN. Mr. Ketchum objects that there isn't reciprocity. Is there or isn't there?

Mr. ODOM. It is not necessary to condition it upon reciprocity because they are giving us anything we ask for and have statutory authority so to do.

The CHAIRMAN. This is not a treaty.

Mr. ODOM. You put your finger on the very thing. This was submitted to the Budget Bureau and was passed. You can't get into the treaty end of it because of the most-favored-nation proposition. But you can authorize an administrator to make arrangements or contracts and nobody is hurt by that.

Mr. BENNETT. We have no way of estimating what a load it will impose upon our veterans' facilities because we can't answer as to just how many we will have. That is Ketchum's objection, or one of them.

Mr. ODOM. It is pointed out in this letter that it is entirely discretionary with the Administrator whether or not he is going to do this, and I don't believe Mr. Ketchum or anyone else would deprive one of our veterans of a needed hospital bed and give it to someone allied with us in this war.

I want to be very frank.

Mr. BENNETT. I think that is a reasonable statement. Are some of these foreign veterans wanting to attend school here?

Mr. ODOM. We have had no such applications so far. It is hospitalization and investigations so far.

Mr. BENNETT. Could they, under this bill, if it passes, get veterans' rights in this country?

Mr. ODOM. Only what their own country provides.

Mr. BENNETT. Only to the same extent their own country provides?

Mr. ODOM. Yes.

Mr. BENNETT. If the other country does not have a GI bill providing education, they could not get that here?

Mr. ODOM. Of course, Canada has almost identically the same set-up we have, and like us they provide that the loans and certain other benefits cannot be given if the person is not residing in their home country.

Mr. ALLEN. Is the early passage of this bill imperative, Mr. Odom?

Mr. ODOM. I wouldn't say imperative. It is very much desired.

But Canada, Great Britain, and Holland have asked for conferences to work out the agreement for World War II veterans on the same basis as we have for World War I, and we have been holding them off pending the action of Congress on this legislation.

Mr. SCRIVNER. Can we have a copy of the type of agreement you have entered into heretofore?

Mr. ODOM. I will be glad to send that up. I think that might go in the record if you desire, Mr. Chairman.

Mr. SCRIVNER. It will be a long time before we see the record, but I think we should have a copy of the agreement.

Mr. ODOM. I will bring it to you.

The CHAIRMAN. Bring it with you tomorrow. I want to dispose of this piece of legislation.

If we are going to pass it, we should do it; and if not, we ought to kill it. It has already passed the Senate, and I can't see why we should delay.

Mr. VURSELL. Is a motion to report in order, Mr. Chairman?

Mr. SCRIVNER. If it is, I hope you will withhold it until we see what kind of legislation we have.

Mr. ALLEN. Since the VFW is objecting to it, I think we ought to let it be heard.

Mr. ODOM. Mr. Chairman, General Hines is here now. I think I will let him take over.

STATEMENT OF BRIG. GEN. FRANK T. HINES, ADMINISTRATOR, VETERANS' ADMINISTRATION

The CHAIRMAN. General, I think I should say to you that we have not got our resolution through yet for our investigation, but then we do have the right to proceed and we are making a record of this testimony.

Mr. Odom inserted in the record a copy of your letter to me of March 20, together with the enclosures with reference to the investigation of veterans' hospitals so that with that understanding we will be glad to hear you on this subject.

General HINES. Mr. Chairman, I contemplated presenting to the committee a written opening statement.

The CHAIRMAN. If you would prefer to wait and present a prepared statement later, that will be all right.

General HINES. I wish to do that for the purpose of the record and in order to cover the subject completely. I think it is necessary.

This is a very significant thing to me; it is a very important thing to this committee; it is a very important thing to all of the veterans.

I stated at the opening session, your first executive session, that to

me it was necessary for the committee in its own way to make a full and complete and thorough investigation in order to reestablish confidence which this criticism has destroyed.

The Veterans' Administration, as you know, is growing rapidly and we are having difficulty getting all the personnel we need and the caliber of personnel that is needed to do the job.

With all the priorities, with all the authority given in the the GI bill, it seems to be impossible in this city, for one place, and in other places, to get personnel. The turn-over is great.

That personnel is in large numbers in the clerical, stenographic, and typist groups.

Mr. SCRIVNER. That is where you need them?

General HINES. We need them in Washington, we need them in New York, we need them in a number of other places.

Now, in the professional group we need more doctors and we need now and will need later greater numbers as we bring in the building program.

For instance, there are some 6,000 beds that are due to come in between now and the 1st of July. We have 774 vacancies among the nurses. We need to increase that number by the 1st of July and bring the beds in as promptly as they are built. We need at least 1,000 nurses.

I testified yesterday before the Military Affairs Committee of the Senate and urged that if the committee saw fit to bring out legislation to draft nurses than they should include in such legislation not only drafting additional nurses for us but to protect those that we have by drafting them, giving them an opportunity to be commissioned but placed under their own officers at our hospitals.

I think I have stated this to the committee before. For some time we have had a shortage of attendants. The neuropsychiatric hospital would not be in operation today had it not been for the Army detailing, under their own officers, limited-service personnel up to as many as 6,000, who are now on duty in the various hospitals throughout the country. Without that help we would have been unable to have taken patients from the Army as rapidly as we wished to do.

It is no easy matter, with the shortage of personnel, to keep current with work or to render the type of service that we desire. I think the record will show, when I present it in detail, that we have done, under the handicaps, what seems to me any fair person would say is a very good job.

I listened to Mr. Odom present some data to you on men going into training. It should have been completed with the statement that many of the men declared eligible for vocational rehabilitation are not interested in entering training at this time when they are able to secure employment not only at high wages but with overtime. They know their eligibility does not run out until 6 years after the war in one case, and 2 years in the other case. They do not use their eligibility and they will take advantage of it just as soon as the manpower situation changes.

Mr. SCRIVNER. That is what I was curious about in connection with the number of veterans taking advantage of unemployment compensation. Certainly, with the shortage of manpower, with 25,000 veterans obtaining unemployment compensation in addition to possibly 75,000 civilians in the same status, there is something screwy.

General HINES. There is something wrong. It does not make sense, of course, to have one agency of the Government paying out money in the same area for unemployment and another agency hollering for manpower.

The CHAIRMAN. Let me say in reply to the gentleman from Kansas that that provision was written in the law, I understand, by Senator Wagner. That is the so-called unemployment provision. The easiest thing in the world is to be unemployed if you can get paid for it.

I pointed that out a year ago and I pointed out that is perhaps one of the vital mistakes we made, and I thought it was put in there to keep these veterans off the necks of people who had been in safe shelter all the time and drawing time and a half or overtime, and they wanted this as a storm cellar to shove these veterans into and keep them from demanding the jobs to which they are entitled.

So I say this committee is not responsible for that provision.

Mr. SCRIVNER. Well, we approved it.

The CHAIRMAN. We had to do that or lose the whole bill.

General HINES. I would like to say a little more on that if I may. The percentage of the unemployment is not startling. People who have worked with the unemployment allowance in the State agencies, when I first called attention to the numbers, told me there was nothing to be excited about.

Actually I am excited about it. Congress passed this legislation for the purpose of giving these men an allowance in the reconversion period. In other words, it is like a savings account that should not be expended until you have to. I appealed to the veterans on that score, feeling we could get better results, and we have.

I think the number has been up to 28,000.

But the pressure that must be exerted must be placed upon the State agencies and the United States Employment Service. In other words, when those men register, it then becomes the duty of the United States Employment Service and the Veterans' Employment Service to get them a job.

They have a more liberal law than the State unemployment laws for the simple reason that a man can register today and report sick.

But I have some people checking on it and probably before we get through we can find out the reasons. We are trying to find out why the veteran does not take the job.

We do know already that some of these men are rather choosy in selecting jobs. I do know they do not take the first referral. In other words, they try to pick their jobs, knowing there are many of them.

The CHAIRMAN. Off the record.

(Discussion off the record.)

Mr. GREEN. The civilians are the same way with regard to the jobs, and I think it is the procedure in the Employment Service to let them have an opportunity to choose.

Mr. ODOM. General Hines, I did not point out that a number of these are unemployed. They are self-employed.

Mrs. ROGERS. General Hines, I think a good many of the men come out pretty restless and some are bewildered and they are sent to one plant and then another and they they get misinformation.

General HINES. I think you will find, too, that there is an element in the picture that goes with the man who has had hard service, and we would not complain much of that man.

Mr. SCRIVNER. That was part of the readjustment picture.

General HINES. But some of the men with short service and who have not been outside the country are perhaps the great offenders. Those we should do everything possible to get employed not only to keep the allowance within reasonable bounds——

Mr. ALLEN. I wonder if the Employment Service could not bring home to these men that this is simply money we have put in the barrel for them for a rainy day, and if they use it now when jobs are on every hand, they will be up against it when jobs do get scarce.

I wonder if the United States Employment Service is doing its full duty in making this clear to the men.

General HINES. Every week I send Governor McNutt a report showing the numbers, and have urged him to have the United States Employment Service make a special effort, and I have taken up with the executive secretary of the placement board the question of making a special effort. I think that is done.

Recently I appeared before the Appropriations Committee with the governor and asked for an extension of the United States Employment Service, some 500 additional officers and additional personnel so the field could be better covered.

The Congress has granted that and that will give us a greater coverage, but we have some problems. For instance, I may take for example Puerto Rico, and I am a little afraid of what is going to happen in the Philippines. I have a man over there now looking at the situation.

But in Puerto Rico the employment service did not amount to very much. We have strengthened it since and have started to pay, but at one time there were more on the unemployment rolls than we had in the largest State in the Union.

The CHAIRMAN. That has always been the case. Puerto Rico has more than 500 people to the square mile, and half the island is so barren that it is like this floor, and the rich valleys are owned principally by the sugar interests of the United States. I was down there in '23——

Mr. SCRIVNER. You have not been down there since Tugwell was Governor?

The CHAIRMAN. No; but I predicted then unless something was done to give these people the right to make a living out of their own soil we would have them on the pay roll.

Mr. ERVIN. Has that condition gotten worse since Mr. Tugwell has been there?

General HINES. He has been Governor all the time the law has been effective, so I wouldn't say there has been any change.

Mr. ERVIN. As his socialistic program progresses does it get worse?

General HINES. I couldn't answer that, very well. I don't know.

The CHAIRMAN. I have no brief whatsoever for Rex Tugwell, but you have a condition in Puerto Rico and not a theory to dealt with, and I want some of you to offer a remedy for the condition that exists there now, if you have one.

The population of Puerto Rico is rapidly increasing until today I think it will go above 600 to the square mile. That is one of the most thickly settled areas in the world, with the least resources to live on.

The only thing produced to amount to anything is sugar, pine-apples, a little coffee and bananas and things of that sort.

When we took them over there were about 300 to the square mile. Don't you remember pictures of the Spanish-American War, people starving to death in Puerto Rico?

I am not backing Tugwell's program. I don't know if he is right or wrong. I know I wouldn't want him in the United States, but here is a condition that does not obtain anywhere else under the American flag.

General HINES. One thing I am certain of, and that is that we must find out now, before demobilization starts, the reasons these men are not taking jobs, because if we get large numbers it will not take very long to build up a rather large expenditure in these allowances.

For instance, the appropriation to extend the employment service asked for was only \$3,500,000. The cost of the unemployment allowance at that time was running about \$600,000 a week. So that appropriation would be eaten up by the unemployment allowance in a short time.

Mr. SCRIVNER. If they put on enough help for that, that will be a chance to get veterans jobs.

Mrs. ROGERS. Are you familiar with the work done at Fort Bevins at the time the men are discharged?

General HINES. Yes; I have had my men there.

Mrs. ROGERS. They are informed when they go through that center?

General HINES. Part of the work we are interested in particularly is to make sure that the man is advised of all benefits to which he is entitled and where to get them before he leaves the service.

I just want to speak about the expansion of the Veterans' Administration and let you know that progress is being made in extending the number of offices, contact offices, and the policy is to first establish a contact unit which consists of a man trained in the handling of claims and giving information to veterans, and we follow that as business increases at a given point by a branch office of the main office that we have in practically all of the States, and then as the work of the branch office increases we expect to make a number of them regional offices so that these men will have representatives of the Veterans' Administration near at hand.

We have authorized a total of contact units to the number of 158 since the passage of the GI bill, 13 branch offices, and a total of 80 branch offices have been authorized, but only 13 of them have been established.

That work is going on, and that requires, of course, personnel which we are having some difficulty getting, but we hope that it will improve and I think it will as the men are being separated from the service.

Mr. ERVIN. Those contact officer jobs are pretty good pay, aren't they?

General HINES. They are \$2,600.

The CHAIRMAN. General, we are going to have to adjourn now, and we will look for you back tomorrow morning at 10:30.

(Whereupon, at 11:45 a. m., the hearing was adjourned until Friday, March 23, 1945, at 10:30 a. m.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

SATURDAY, MARCH 24, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

Other members present were: Hon. A. Leonard Allen, Hon. Clair Engle, Hon. Joe W. Ervin, Hon. A. S. J. Carnahan, Hon. Tom Pickett, Hon. Walter B. Huber, Hon. Edith Nourse Rogers, Hon. Paul Cunningham, Hon. Bernard W. Kearney, Hon. Marion T. Bennett, Hon. Errett P. Scrivner, Hon. James Auchincloss, Hon. Charles W. Vursell, and Hon. Homer A. Ramey.

The CHAIRMAN. The committee will come to order.

When we last met we had up the question of the reciprocity of the use of veterans' hospitals, and Mr. Odom made a statement. At this time he is present and has some material which he wants to submit for the record.

Mr. ODOM. Yes, sir.

ADDITIONAL STATEMENT OF EDWARD E. ODOM, SOLICITOR, VETERANS' ADMINISTRATION

Mr. ODOM. Mr. Chairman, it was requested at the last session, as I recall, that there be introduced into the record, and I assume at that point, the original and any other agreements.

I have here a photostat copy of the original agreement of March 1, 1921, between the representatives of the Dominion of Canada and of the United States, the then War Risk Insurance Bureau.

That agreement covered the reciprocal services to all veterans, that is United States veterans in Canada and the Kingdom of Great Britain and Ireland and all of the Dominions, the Canadian Government acting for Great Britain and the other Dominions.

The CHAIRMAN. Mr. Odom, the agreement you are referring to here, as I understand it, is virtually the same thing we entered into with them in regard to veterans of the last war.

Mr. ODOM. That is right, except at that time the Dominion had authority to act for the entire Empire.

The CHAIRMAN. Yes.

Mr. ODOM. Whereas at the present time I understand they intend to act separately.

The CHAIRMAN. Yes.

Mr. ODOM. This agreement, as I say, was made between the Dominion of Canada and the War Risk Insurance Bureau, and in 1926 that agreement was modified by Great Britain to the extent that while they would continue to authorize Canada acting for them, they would make the payments separate. So I think that supplemental agreement should be placed in the record, too.

The CHAIRMAN. Between the two periods, 1921 and 1925, the parliaments of the various Dominions of what we now call the British Commonwealth met in London and formed the British Commonwealth.

Mr. ODOM. Yes, sir.

The CHAIRMAN. And the various Dominions were present.

Mr. ODOM. I understand.

The CHAIRMAN. And the conditions were different in 1926 than they were in 1921.

Mr. ODOM. That is true, and while they still continue to let Canada act for them in this supplemental agreement, they indicated their desire to pay for their own Imperial forces.

Mr. ALLEN. All this proposed bill does then, in substance, is authorize you to enter into a contract with these various nations or subdivisions of nations.

Mr. ODOM. That is right. It does that, but Congressman Allen, insofar as agreeing with them to render service to our veterans. General Hines has full authority to do that now, under section 1500 of the Adjusted Service Act which you passed last year; but he does not have authority to render service to the veterans of allied countries; so that all this bill does is it authorizes General Hines to furnish these services on a reimbursable basis.

Mr. AUCHINCLOSS. Is there anything in this bill to give our own men preference?

Mr. ODOM. Congressman, that was a point that was made. The bill would permit the administrator at his discretion to furnish these services to veterans of other countries upon their authorization and request. That is the way the act reads now with respect to World War veterans.

Mr. AUCHINCLOSS. There never has been any question that I know of that General Hines has ever furnished an Allied veteran a bed when he took it away from a veteran of this country, and I assume he never would do it, and I do not mean to imply that in any way, shape, or form.

Mr. ODOM. I understand.

Mr. AUCHINCLOSS. I wonder if it would be helpful if such a provision were incorporated in the act.

Mr. ODOM. General Hines might agree, but my own thought would be that it would be a little gratuitous. It is my understanding that we are going to take care of our own men first and we have had no difficulty in that.

Mr. ALLEN. It is making it strictly reciprocal; what we do for them they do for us.

Mr. ODOM. That is right.

Mr. AUCHINCLOSS. I approve of the act, but I thought it might be strengthened to make it clear that nobody has any authority to do anything against our men.

Mr. BENNETT. We have no idea how World War veterans of the present war might be interested in taking advantage of such conditions in the future.

Mr. ODOM. That is right.

Mr. BENNETT. Suppose we put this into law and we are unable to take care of these fellows because we have to take care of our own people first? We do not know what the reaction will be among the foreigners when they take care of our boys and find that we are not able to take care of their boys.

Mr. ODOM. My own belief is that we will be able to take care of all of them without any trouble whatsoever, but if we found that we could not give the attention and service that these others desired in a given case, I do not anticipate that there would be any reaction at all.

Mr. BENNETT. Have you any notion about the number that you will have to take care of in the future?

Mr. ODOM. Not to my knowledge.

Mr. BENNETT. We might get some figure or percentage of those from veterans in this country. If you take the number who participated in the First World War, it might be those figures would have some value to give you an idea.

Mr. ODOM. It might not have any comparative value at all.

The CHAIRMAN. If you don't mind, we will take that up later.

The memoranda you mentioned may be inserted in the record at this point.

(The memoranda are as follows:)

MEMORANDUM

The following understanding has been reached by the Bureau of War Risk Insurance, Treasury Department, United States of America, represented by R. G. Cholmeley-Jones, the Director thereof, and the Department of Soldiers' Civil Re-Establishment, Canada, represented by Ernest Henry Scammell, the Assistant Deputy Minister thereof.

(Under section 11 of an act approved December 24, 1919, (41 Stat. 373-4), which amends the War Risk Insurance Act, as amended, the following provisions have been made:

"(6) In addition to the compensation above provided, the injured person shall be furnished by the United States such reasonable governmental medical, surgical, and hospital services and with such supplies, including wheeled chairs, artificial limbs, trusses, and similar appliances, as the director may determine to be useful and reasonably necessary, which wheeled chairs, artificial limbs, trusses, and similar appliances may be procured by the Bureau of War Risk Insurance in such manner, either by purchase or manufacture, as the director may determine to be advantageous and reasonably necessary: *Provided*, That nothing in this Act shall be construed to affect the necessary military control over any member of the military or naval establishments before he shall have been discharged from the military or naval service.

"(9) That the Bureau of War Risk Insurance is hereby authorized to furnish transportation, also the medical, surgical, and hospital services and the supplies and appliances provided by subdivision (6) hereof, to discharged members of the military or naval forces of those Governments which have been associated in war with the United States since April 6, 1917, and come within the provisions of laws of such Governments similar to the War Risk Insurance Act, at such rates and under such regulations as the Director of the Bureau of War Risk Insurance may prescribe; and the Bureau of War Risk Insurance is hereby authorized to utilize the similar services, supplies and appliances provided for the discharged

members of the military and naval forces of those Governments which have been associated in war with the United States since April 6, 1917, by the laws of such governments similar to the War Risk Insurance Act, in furnishing the discharged members of the military and naval forces of the United States who live within the territorial limits of such governments and come within the provisions of subdivision (6) hereof, with the services, supplies, and appliances provided for in such subdivision; and any appropriations that have been or may hereafter be made for the purpose of furnishing the services, supplies, and appliances provided for by subdivision (6) hereof are hereby made available for the payment to such governments or their agencies for the services, supplies and appliances so furnished at such rates and under such regulations as the Director of the Bureau of War Risk Insurance may prescribe.")

(Under authority granted by order in council passed by the Government of Canada dated the 24th of February 1919 (P. O. 387), the following provision appears:

"The Department, with the approval of the Governor in Council, may from time to time, and in its discretion make arrangements with the Government of His Majesty's allies for the treatment and training of all persons who have served in the naval or military forces of His Majesty's allies during the present war, and who have been retired or discharged therefrom and who may now or hereafter be resident in Canada, whether bona fide resident in Canada at the outbreak of the present war or not, and may render accounts for the cost of such treatment or training.")

1. The Bureau of War Risk Insurance will furnish medical, surgical, and hospital services, appliances, and transportation to former members of the naval and military forces of Canada and the United Kingdom of Great Britain and Ireland, when such former members of the forces are resident in the United States of America and require the same, for a disability due to, or aggravated by, service in the World War, at the expense of the Government of Canada, subject to such regulations in respect thereof as may be mutually agreed upon from time to time between the said Bureau and the Department of Soldiers' Civil Re-Establishment.

2. The Department of Soldiers' Civil Re-Establishment will furnish medical, surgical, and hospital services, appliances and transportation to former members of the United States forces resident in the Dominion of Canada who may require the same, for a disability due to, or aggravated by, service in the World War, at the expense of the Government of the United States of America, subject to such regulations as may be mutually agreed upon from time to time between the Department of Soldiers' Civil Re-Establishment and the Bureau of War Risk Insurance.

3. The regulations referred to in the paragraphs numbered 1 and 2 shall not be inconsistent with the provisions of the War Risk Insurance Act, as amended, nor with the provisions of the Department of Soldiers' Civil Re-establishment Act, as amended.

R. G. CHOLMELEY-JONES,

Director, Bureau of War Risk Insurance.

E. H. SCAMMELL,

Assistant Deputy Minister of Soldiers' Civil Re-Establishment.

Approved:

D. F. HOUSTON,

Secretary of the Treasury.

Approved:

JAMES A. LOUGHEED,

Acting Minister of Soldiers' Civil Re-Establishment.

MEMORANDUM

The arrangement between the Veterans' Administration, Washington, U. S. A., and the Department of Pensions and National Health, Ottawa, Canada, providing for the care, treatment, and examination of former members of the Canadian Forces in the United States of America and the treatment and examination of former members of the United States Forces in Canada, is revised by the substitution of the following regulations for any regulations previously agreed upon which are not in conformity therewith:

(1) When physical examinations of Canadian beneficiaries are requested by the Department of Pensions and National Health, and are made at Veterans'

Administration facilities or Regional Offices, the Department to be charged 50 percent of the maximum fee authorized for the type of examination in the Veterans' Administration schedule of fees; and when made outside of Veterans' Administration facilities or Regional Offices, that is, by designated physicians on a fee basis, such physical examination to be charged for at the fee authorized by the Veterans' Administration for the required type of examination.

(2) The Veterans' Administration shall charge the Department of Pensions and National Health \$1.00 for each out-patient treatment of its beneficiaries rendered by a salaried physician of the Veterans' Administration, this charge to cover cost of medicines prescribed except as to unusually high-priced medicines. When medicines are despatched by mail only the actual cost of medicines and postage shall be charged.

(3) When physical examinations of beneficiaries of the Veterans' Administration are requested by the Veterans' Administration and are made at a District Office of the Department, the Veterans' Administration to be charged fifty percent of the maximum fee authorized for the type of examination in the Department's schedule of fees and when made outside of a Departmental District Office, i. e., by designated physicians on a fee basis, such physical examinations to be charged for at the fee authorized by the Department for the required type of examination.

(4) Subject to concurrence by the respective Departments of the Dominion Governments concerned, paragraphs (1) and (2) shall also apply to former members of the Australian, New Zealand and South African forces when treatment or examination is authorized by the Department of Pensions and National Health.

(5) The effective date of this revision shall be the first day of August, nineteen hundred and thirty-four.

VETERANS' ADMINISTRATION,
FRANK T. HINES, *Administrator*.
DEPARTMENT OF PENSIONS AND NATIONAL HEALTH,
DONALD M. SUTHERLAND, *Minister*.

UNITED STATES VETERANS' BUREAU,
Washington, D. C., April 1, 1926.

Whereas the Dominion of Canada on behalf of the Government of Great Britain entered into an agreement with the Government of the United States of America for the reciprocal medical treatment, etc., of their respective ex-service members; and

Whereas it has been determined by the Government of Great Britain to assume the functions formerly exercised for the said Government of Great Britain by the Dominion of Canada under the said agreement so far as that agreement relates to ex-members of the Imperial Forces: Therefore

Notice is hereby given on behalf of the Government of Great Britain by Mr. W. E. Maclatchy, Deputy Director of Accounts of the British Ministry of Pensions, and accepted on behalf of the Government of the United States of America by Gen. Frank T. Hines, the Director of the United States Veterans' Bureau, that hereafter the Government of Great Britain substitutes itself for the Dominion of Canada insofar as the afore-mentioned agreement relates to the medical treatment, etc., of the ex-members of the Imperial Forces;

All authority conferred by such agreement, including all regulations issued thereunder, insofar as they relate to the ex-members of the Imperial Forces, subject to such modification, change, or repeal as may be mutually agreed upon by the Government of Great Britain and the United States of America to continue in full force and effect.

W. E. MACLATCHY,
Representative, Imperial British Government.
FRANK T. HINES,
Representing the United States of America.

AMERICAN LEGION DELEGATION FROM MISSISSIPPI

The CHAIRMAN. We have set aside a portion of the morning to hear a delegation of the American Legion from Mississippi, composed of Hon. George Ditto, State commander, American Legion; Hon. Luther Maples, past commander, American Legion; and Hon. Bob

Morrow, past commander, American Legion, all from the State of Mississippi.

They will tell you what their observations have been in regard to the hospitals at Biloxi and Gulfport. We have only two hospitals in Mississippi, one at Biloxi and the other at Gulfport, 22 miles away.

We are glad these gentlemen are here today to tell us about conditions in those hospitals. I know their talks will be very interesting and it may save us a lot of time and expense by having them inform us of conditions in those hospitals.

STATEMENT OF GEORGE DITTO, MISSISSIPPI STATE COMMANDER, AMERICAN LEGION

The CHAIRMAN. Mr. Ditto, we want to ask you some questions about conditions in Mississippi.

Mr. DITTO. All right, sir.

The CHAIRMAN. We would like to know in regard to conditions in those two hospitals at Biloxi and Gulfport, and we will take the hospital at Gulfport first.

We understand, of course, that the hospital is crowded and they are asking for additional facilities, and that you had that up with the administrator already. We are very anxious to know something about conditions in that hospital. First, it is a Government hospital, is it not?

Mr. DITTO. Yes, sir.

The CHAIRMAN. Will you state under what conditions the patients are admitted there?

Mr. DITTO. Patients are admitted there, Mr. Congressman, for treatment.

Our first contention in appearing here has been in regard to the crowded condition of the hospital. The hospital at the present time is very much overcrowded.

The CHAIRMAN. Yes.

Mr. DITTO. We have no objection to the treatment which is being given with the facilities available. The patients have been well administered. The hospital has been well managed, so far as we have been able to ascertain. There is just the necessity of expanding the hospital on account of the increased number of patients that are coming in.

The CHAIRMAN. You say that the hospital is well managed?

Mr. DITTO. Yes, sir.

The CHAIRMAN. You have gone there and gone through that hospital.

Mr. DITTO. Yes, sir; we have severally personally gone through that hospital and we have had committees go through. Those committees were composed of doctors and they have expressed no objection to the management of the hospital or as to the treatment of the patients, insofar as the equipment they have is adequate. However, the equipment is not adequate. We know that, but the staff of the hospital, insofar as we have been able to find out, are doing the best they can with the equipment and the materials available.

The CHAIRMAN. What about the food they receive? Have you examined that?

Mr. DITTO. Yes, sir; we have examined the food. The food itself is adequate; the building is not adequate. The mess hall is not large enough for the number of men who are being served meals. They are serving, I believe, six meals a day instead of three, due to the small facilities.

The CHAIRMAN. Yes. Now what have you to say about the medical staff?

Mr. DITTO. The medical staff is not adequate. They are short doctors, nurses, and attendants.

The CHAIRMAN. What about the caliber of the doctors and nurses they have there?

Mr. DITTO. Insofar as I know, the doctors have been well trained.

The CHAIRMAN. I believe Dr. Sheffield is the head officer.

Mr. DITTO. He has a fine record as a physician and he has been in the veterans' service for a number of years and was stationed at Jackson. His record is excellent.

The CHAIRMAN. Have you ever heard any complaints of negligence in regard to the treatment of veterans in that hospital?

Mr. DITTO. Yes, naturally you hear some complaints, Mr. Chairman.

Mr. RAMEY. What do you mean, "naturally you will hear some complaints"?

Mr. DITTO. Dealing with patients, people who are mentally sick, you would hear complaints. We have had no complaints I considered serious, Mr. Chairman.

Mr. BENNETT. Have you investigated?

Mr. DITTO. Yes.

Mr. BENNETT. Were any of them justified?

Mr. DITTO. None were justified.

Mr. SCRIVNER. None of them?

Mr. DITTO. No, none of them were justified.

Mrs. ROGERS. How does the number of doctors compare with the number of patients, or vice versa?

Mr. DITTO. Well, at the present time the ratio would be rather small; there is a shortage of doctors.

Mrs. ROGERS. You are short of nurses, too?

Mr. DITTO. Yes; and also short of attendants.

Mrs. ROGERS. Are they using Army men, soldiers, for attendants?

Mr. DITTO. Well, they are using civilians generally for attendants, Mrs. Rogers.

Mrs. ROGERS. In some hospitals they are using Army people.

Mr. DITTO. That is right, but I understand in this case they are using mostly civilian employees.

Mr. BENNETT. Are there any people in that territory who are drawing unemployment compensation?

Mr. DITTO. I could not tell you that; I would not think so.

Mr. RAMEY. When you visited the hospital, did they know you were coming?

Mr. DITTO. Did they know we were coming?

Mr. RAMEY. Did the superintendent, and so forth, know you were coming? In visiting hospitals don't you think it better to go in unannounced without their knowing you are coming?

Mr. DITTO. Personally, I was there on three occasions. On one occasion the doctor did not know I was coming and we spent several hours there. Our committee officially went through the hospital with a large number of doctors and civilians on an official visit and they probably knew we were coming. Then there was another delegation went through recently from the State of Louisiana.

The place was inspected in regard to various conditions. I thought it best to investigate conditions without the doctors knowing we were coming, and I felt that we made a pretty good investigation.

Mr. RAMEY. There was not much difference between when they knew you were coming and when they did not know, so that they did not have things fixed up and more clean?

Mr. DITTO. No, sir; the impression we got has been this, that those working there and those in authority have been very willing for us to know what conditions are, and they do not appear to us to be putting on a good front or the best foot forward. They have been cooperative and willing for us to know about the conditions in the hospital, the things they have to work with and for and their employees, and they were willing for us to see things as they were.

The CHAIRMAN. Let me make this statement to the gentleman from Ohio [Mr. Ramey]. I spent some time on the Gulf coast. This hospital is on the Gulf of Mexico. I went down to this hospital without announcing I was coming. Dr. Sheffield did not seem to know that I was on the coast and he and I were born within 5 miles of each other. Without any preliminaries I went through the entire hospital. When I go to one I go first through the storage room where they keep the raw meat. I look in the cold storage, the kitchen, dining room, the wards, and the only thing that I could find that I thought needed attention was that some of the facilities seemed to be growing obsolete, and also the institution was overcrowded, as Mr. Ditto said. No one complained of the food or the treatment they received.

I have done that practically every year since I have been in Congress, because that hospital has been in my State. I have gone through it that way. I also went up to the hospital at Biloxi, which is really established for a soldiers' home, but it has been largely transformed into a general medical hospital. I went through that hospital in the same way and I talked to those people and I went to the dining room, I went to the kitchen, I went to the cold storage compartments, and I looked into them. I questioned the cooks and the nurses and the doctors and the patients, everybody in the hospital. I never had the slightest complaint in either place of any mistreatment or any lack of food. The only thing that they did complain of was that they were becoming crowded; and, as I said, at the Gulfport service they complained that some of their facilities, especially in the clinic, were becoming obsolete. I want to make that clear.

Mr. BENNETT. I want to refer back to the statement you made about the facilities of the hospital; and in connection with that you said their equipment was not adequate. Do you mean the facilities or the equipment in the hospital itself?

Mr. DITTO. Both are inadequate. Now I am not prepared to discuss medical equipment, but I will use this for illustration. The doctors have criticized the Gulfport X-ray equipment, which is not of a modern type. That is an old hospital, and the equipment there particularly is not modern.

Mr. BENNETT. One further question: I believe you stated to us that this is an N. P. institution. While the gentlemen who made the investigation were medical men, were they familiar with N. P. cases or were they just general practitioners?

Mr. DITTO. They were both.

Mr. BENNETT. Did those men who specialized in N. P. cases offer any criticism of the type of treatment, whether it was the most modern or obsolete treatment?

Mr. DITTO. These gentlemen were studying the equipment, that is, the type of equipment that they had there at that time, and they were making their investigations of the buildings and the equipment involved. They made their recommendation back to the executive committee of the American Legion on that basis, rather than go into detailed investigations of studies of particular questions in regard to the type of treatment.

Mr. BENNETT. Did they make any recommendations or suggest some type of treatment that they were getting down there; that is, that they were forced to use old methods of treatment on patients when they were versed in the newer methods of treating patients, or anything like that?

Mr. DITTO. The thought altogether was that the men in charge were entirely competent. As far as the individuals were concerned, we went and talked with Dr. Sheffield. Dr. Sheffield knows those men, and they know him. The relationship existing between the doctors and the patients is very admirable, and I think that the committee was well impressed with the men in charge of the hospital, but the number of men is so limited; they need more men and more equipment and a much larger establishment.

The CHAIRMAN. How many beds are provided for there?

Mr. DITTO. The place normally should handle about 750. Actually at the present time I believe there are 941.

Mr. ERVIN. Isn't it also true that every such institution in the country is short on doctors?

Mr. DITTO. I could not answer that.

Mr. ERVIN. Do you know of any that are not short on doctors, whether public or private?

Mr. DITTO. I assume it is true that there is a general shortage of physicians.

Mr. AUCHINCLOSS. Going back to the complaints you received about the hospital: Where did they originate?

Mr. DITTO. Well, one complaint originated while we were going through the building. Right while we were going through the building one person said he did not belong there. The patient told us he did not belong there; that he had been placed there by mistake. He said he was in the wrong institution; that he was not mentally deficient; that he was all right.

Mr. AUCHINCLOSS. What was the disposition of that case?

Mr. DITTO. There was no disposition; he was wrong. He did belong there; he obviously belonged there.

Mr. AUCHINCLOSS. Do you recall any other complaints and as to how they originated?

Mr. DITTO. We had one complaint from an adjoining State with reference to a technical question on the type of treatment of these cases, and it was investigated. I think it was shock treatment—I

think I am using the correct term—the shock treatment for some of those cases. My terminology may not be very good. The shock treatment was not adequate. One of the patients made that report. Some weeks before when we went through, the manager assured us he had a man being trained on shock therapy, and he was setting up that type of treatment, so I am sure that hospital was preparing to do the things which this patient reported were not being done.

Mr. AUCHINCLOSS. Did they have any complaints of any patient being mistreated or maltreated?

Mr. DITTO. No, sir; we have no such complaints.

Mrs. ROGERS. Have you had any complaints in regard to N.P. cases being discharged prematurely?

Mr. DITTO. May I say this? We had one case. Of course, sometimes these cases, you know how they check out of the hospitals against medical advice. Well, we had in this hospital a person who was mentally deranged, and they wanted him checked out. Well, at first our doctor advised against his checking out because of his conviction that he would probably attempt suicide because on several occasions he had attempted suicide. However, the family said, "We are going to take him anyway." So they had them to sign the customary papers to the effect that he was checking out against the advice of the doctors. Well, that man had not been out but a short time until he did commit suicide. Now, after that paper was signed, you see, there could be no complaint from the family. The doctor advised, and advised the family to that effect. We have had no other complaints, Mrs. Rogers, of mistreatment from the people.

Mrs. ROGERS. How many World War II veterans have you there?

Mr. DITTO. Mrs. Rogers, I can only answer that there are about 800 there now and, of course, they do not remain long. The World War II veterans do not remain as long as those of World War I because they are not protracted cases. They are subject to being treated and they recover and get out.

Mrs. ROGERS. What is the period of time that they stay there?

Mr. DITTO. The period of time is rather short. I was in this hospital at Gulfport and there was a young banker there from Shreveport.

The CHAIRMAN. Are you a lawyer?

Mr. DITTO. No, sir.

The CHAIRMAN. You are not a doctor?

Mr. DITTO. No, sir; I am not a doctor.

The CHAIRMAN. Will you suspend a minute and let me make a statement for the committee?

Mr. DITTO. Yes.

The CHAIRMAN. General Hines and I have to appear before the Rules Committee in a few minutes and I will ask the gentlemen from Louisiana, Mr. Allen, to preside in my place.

Mr. ALLEN (acting chairman). You may proceed.

Mr. BENNETT. Have you any connection with hospitals?

Mr. DITTO. I have no connection.

Mr. BENNETT. Do you know whether or not they require that the patients leave their outgoing mail unsealed so that officials of the hospital can read it?

Mr. DITTO. No, sir; I do not know that.

Mr. BENNETT. You do not know whether there is any censorship of mail?

Mr. DITTO. We have had no such complaints, but I do not know.

Mr. SCRIVNER. Does the American Legion have representatives at the hospitals at all times?

Mr. DITTO. No, sir, not at all times. We have the field representative who makes regular inspections of the places and makes reports at regular intervals.

Mr. SCRIVNER. But the American Legion does not have any service officers on duty at all times?

Mr. DITTO. No, sir; the State service officer makes inspections, goes through the buildings, and the field workers go through and make their inspections on the trips. Of course, those trips are unannounced.

Mr. ERVIN. You have just covered one hospital, haven't you?

Mr. DITTO. We were discussing the NP hospital at Gulfport. There is another one at Biloxi, which is a more modern one, and which is in fact a veterans' home and hospital.

Mr. ERVIN. Have you been in that one?

Mr. DITTO. Yes, sir.

Mr. ERVIN. With your committee?

Mr. DITTO. Yes, sir.

Mr. ERVIN. And what was your general impression with respect to that hospital?

Mr. DITTO. Well, the veterans' hospital and home at Biloxi is modern and new and up to date in all respects. It is a very fine institution. We think it is a fine thing for the veterans. I have been through it on a number of occasions and again I want to say this is a thing we liked about that institution: They know the inmates by name. We have no complaints about that institution. However, it will have to be enlarged because of the great number of people coming out of the service who need that treatment. The present buildings are adequate.

Mr. ERVIN. What percentage of World War II veterans do they have there now?

Mr. DITTO. I could not answer that on a percentage basis. They have numbers come through but I do not know the percentage. We have no figures on it.

Mr. BENNETT. What is the capacity of the Biloxi institution?

Mr. DITTO. I do not have the figures on the capacity. They have an NP hospital and home.

Mrs. ROGERS. I have always felt, Commander, that it is important to have a permanent medical corps at the Veterans' Administration facility at Biloxi; a corps which attracts more doctors to it and is permanent would be most beneficial.

Mr. DITTO. That is very definitely true. We are suffering at the present time from the lack of doctors, which has resulted from the upset conditions of the Army today because the Army is taking doctors from civilian life. If you could have a permanent organization here of men who are especially trained, conditions would be much better.

Mrs. ROGERS. And in the case of nurses they have been classed below the WAC's, the WAVES, and the SPARS, which is manifestly unfair. Nurses are limited in their promotions and cannot get anywhere

near the pay of the WAC's, WAVES, or SPARS, and yet they have to have higher educational qualifications and ability.

Mr. DITTO. Yes; but they would have to pay these people.

Mr. BENNETT. Would it be your opinion that if there was a higher wage scale for officers, doctors, and nurses in these institutions that you would get a better quality of service from those that you get there?

Mr. DITTO. Well, you would get more employees. The rate of pay for attendants is, I think, \$110 a month, and you just cannot get people at that rate now because they can make so much more in other things.

Mr. BENNETT. Is it your opinion that if you increased the salary scale of the professional groups, such as doctors and nurses, that you would get better personnel?

Mr. DITTO. Well it would ordinarily follow. Doctors coming into the profession or administrative work, if they found they had an opportunity for more pay, I think it is more than likely that more of them would go into that service.

Mr. BENNETT. Then would it necessarily follow that you do not have the best available attendants and nurses at those institutions?

Mr. DITTO. Not necessarily, because some of those men have been there for a number of years and it is fair to say a man might have entered under entirely different economic conditions. You might have obtained the very best men because economic conditions differed then from those at the present time.

Mr. BENNETT. Are there many of them who have come in in recent years? There are; are there not?

Mr. DITTO. I would judge so; but I cannot tell you.

Mr. BENNETT. Would it appear to you that you cannot get the best available people because of the low salaries?

Mr. DITTO. Under present economic conditions it is very difficult to attract anyone because they can make more money in private practice or in some other kind of employment.

Mr. BENNETT. Thank you.

Mr. ALLEN. Are there any other questions?

Mr. CARNAHAN. What type of doctors have you at the present?

Mr. DITTO. We have two types of doctors: One is composed of men who have been in the service quite a long time and who are about of World War I age. Then we have the younger doctors, those who have just come in and graduated in the last 3 or 4 years, who are much younger men.

Mrs. ROGERS. Have you any doctors there who have been taken from the Army?

Mr. DITTO. Do you mean transferred from the Army?

Mrs. ROGERS. Yes.

Mr. DITTO. I do not think we have at this time in either institution.

Mr. ALLEN. Mr. Ditto, I understand your testimony is, briefly, that in regard to Biloxi you have no complaint at all.

Mr. DITTO. That is right.

Mr. ALLEN. And in regard to Gulfport the burden of your testimony is that a crowded condition exists there which you think should be relieved by additional beds and you need the equipment modernized. That is the burden of your testimony?

Mr. DITTO. Yes, sir; the equipment and buildings.

Mr. CARNAHAN. Has there been any recent construction?

Mr. DITTO. The most recent action taken has been a contract for 164 additional beds, the building for which will be under construction in a short time; but they have not actually been added. It is just a contemplated construction and that will relieve conditions materially. This contract, I believe, has been let within the past few days by the Administration.

Mr. ALLEN. Are there any further statements you wish to make?
Mr. DITTO. No, sir.

**STATEMENT OF HON. LUTHER MAPLES, PAST COMMANDER,
AMERICAN LEGION, OF MISSISSIPPI**

Mr. ALLEN. All right, Commander Maples; let us hear your statement.

Mr. MAPLES. Mr. Chairman, I might make this statement: The Gulfport Hospital was originally designed for the Centennial of Mississippi in 1917. The Mississippi Legislature built the centennial grounds. The war came on and it was used as a naval training base. After World War I it was used by the Public Health Service as a hospital before the Veterans' Administration was created. After the Veterans' Administration was created, they took it over by acquiring title to the property from the State of Mississippi and the city of Gulfport.

As the hospital load increased, buildings were constructed on the centennial grounds. The temporary building built for the centennial is still in use, being used for the administrative office.

Mr. ALLEN. Is the building fireproof?

Mr. MAPLES. I do not think so. It is of temporary construction, the stucco type, Spanish type building.

Mr. ALLEN. You do not have patients in there?

Mr. MAPLES. No, not at all; no patients are in there. It is used for administration. The receiving ward is some distance from that building. It is used only for finance and supplies and the administrator. The original buildings that were constructed there under the supervision of the Veterans' Administration, of course, are not of a modern design. There should be some improvements made on those buildings, to make them so that the patients could get better treatment.

Mr. ALLEN. In other words, those buildings were among the first built?

Mr. MAPLES. That is right; they were among the first buildings built by the Veterans' Administration.

As Commander Ditto said, we are not here for the purpose of criticizing anyone, any more than we are here to criticize ourselves as Legionnaires. I think when we make a mistake we ought to correct it; we have been a party to making a failure and I do not think there is any mistake on the part of the Veterans' Administration any more than of, ourselves, and we are willing and more than willing to take our blame for the existing conditions. I want to make that statement so you will understand exactly what our position is.

We find ourselves with a hospital there of 782 official capacity; we now have 941 patients. We have 11 doctors assigned to the hospital, 1 of them the director of the hospital, 1 a clinical director, with 11 doctors in all, and 9 of them to do the work required of them.

Now all the work required of a doctor in a hospital is not examining patients. It is necessary that a record be made for compensation purposes and for other purposes, that this be carried on day by day and from month to month and from year to year; and that requires a lot of the time of the doctors. You have got to have some doctor as O. D.; you have got to have boys to investigate minor injuries that occur. It makes no difference how trivial the injury may be, it is necessary that a record of that injury be kept so that the future history of that patient will reveal what happened to him and any complaints may be clearly answered in the future. I am giving you that to show how little time each doctor has to give to his patients.

Each doctor there now has 104 patients to attend to. Well, there are many things that could be done and should be done to improve it.

Mr. ALLEN. The doctor situation is common to most of the hospitals of the country.

Mr. MAPLES. That is true.

Mr. ALLEN. It is just one of those things which nobody can help and when the war is over, we will have relief.

Mr. MAPLES. Our thought is that now is the time to begin to take care of it, when these doctors return to civil life; and unless we know the existing facts, we cannot plan to take care of it. That is my thought of it and I think that is the reason why we urge that the Veterans' Administration do something about it.

Mr. ALLEN. Are there any further questions, Commander?

Mrs. ROGERS. How many patients to a nurse have you there?

Mr. MAPLES. Well, I presume from the number of nurses there—we have 28 nurses there and the number of nurses officially is set in the organization as 30, but they are 2 nurses short in the official set-up.

Mr. BENNETT. How many vacant beds are there?

Mr. MAPLES. There are none; there are none of these patients in beds. I can look at my figures and tell how many there are. There are a good many of them who are confined practically all the time to the wards by necessity because there are not enough nurses to take care of them. That is perfectly obvious, that there are not enough nurses to take care of the patients.

Mrs. ROGERS. Do you know how many of the patients in the hospital are what you call service-connected cases?

Mr. MAPLES. No; I could not tell you offhand how many are service-connected. There are quite a number that are non-service-connected, on account of their condition due to some causes not incurred in service or under the presumptive provisions of the statutes.

Mrs. ROGERS. Many patients hospitalized cannot get into the veterans' hospitals?

Mr. MAPLES. They are hospitalized in our State institution at Whitfield, about 30 miles from Jackson.

Mrs. ROGERS. I imagine that is crowded also.

Mr. MAPLES. Yes, it is pretty well overcrowded; but I do not think at this time we have very many veterans in the State institutions.

Mrs. ROGERS. Are you asking for an additional hospital or additional beds?

Mr. MAPLES. We are asking that we all get together—that is, the citizens, Congress, and the Veterans' Administration—and make an over-all plan for this hospital that will be adequate, so that we can

give to our boys the very best that we owe them. That is our conviction about it, and that many of the conditions that we have been working on have been outmoded.

Mrs. ROGERS. Where are the TB cases hospitalized?

Mr. MAPLES. At Alexandria.

Mrs. ROGERS. Are you satisfied with the treatment that they are getting there?

Mr. MAPLES. Yes, ma'am; as far as I know it is satisfactory.

Mrs. ROGERS. I understand that the average stay at a hospital is not very long, about 30 days.

Mr. MAPLES. I do not know the average; I never made any calculation on it. Of course, I imagine the Veterans' Administration can very quickly furnish you that information.

Mrs. ROGERS. I wonder if it varies in the States.

Mr. MAPLES. I do not know what the average is; we have a very fine tuberculosis hospital.

Mr. ALLEN. I would like to have in the record some testimony as to the general service of nurses in various institutions over the country. In other words, about how many patients to a nurse do you provide?

Mr. MAPLES. The medical director, Dr. Griffith, is here and he can give you that information.

Mr. ALLEN. I thought it would be well to have it here in the record because the witness says that they have 28 nurses down there and that the set-up calls for 30 nurses, and I am wondering about how many nurses are provided over the country.

Dr. GRIFFITH. The ratio for nurses in NP hospitals, Mr. Chairman, is 1 nurse to 25 patients only.

Mr. ALLEN. How much over is that?

Dr. GRIFFITH. The ratio now is about 1 to 35 or 1 to 30.

Mr. ALLEN. In other words, they are short about one-third of the nurses in the Nation as a whole?

Dr. GRIFFITH. Well, we are short a little less than 100.

Mr. ALLEN. Then, Commander Maples, at that rate I think it is fair to point out that your hospital is standing very well, because you are short only two and the testimony of the representative of the Veterans' Administration is that there is a much greater shortage in the Nation as a whole. I think you would be glad to get that information.

Mr. MAPLES. We are not raising a lot of complaint about it. We understand the difficulty of getting nurses and we hear about it in the press, over the radio, and everywhere just calling and begging for nurses.

Mr. ALLEN. I wonder if I may ask at this point what is the ratio of nurses to patients in general medical hospitals?

Dr. GRIFFITH. One to 7.5. The reason for that, Mr. Chairman, is there are more, much more beside nurses than you require for mental patients. In other words, these NP hospitals do not require so much nurse attention. In addition to the nurses, we have one attendant for every five patients normally.

Mr. ALLEN. All right; thank you.

Mr. KEARNEY. You say nurses are not required as much for NP patients as for general patients?

Dr. GRIFFITH. We do not have as much bedside and clinical nursing.

Mr. KEARNEY. But you have more attendants for the NP patients?

Dr. GRIFFITH. Yes; we have more attendants for the NP patients.

Mr. KEARNEY. How many attendants do you have for patients at Gulfport?

Dr. GRIFFITH. There are on duty now 146.

Mr. MAPLES. I have the figures here. There are 146 on duty now, 34 vacancies, and the salary is \$110 a month.

Mr. KEARNEY. You have 146 attendants at the present time?

Mr. MAPLES. Yes, sir.

Mr. ALLEN. Of course, we will have difficulty in getting attendants as long as the war lasts.

Mr. MAPLES. Yes, sir; it is very difficult to get them, because the average laborer in the community is now making approximately \$70 a week.

Mr. ALLEN. Are there any further questions?

Mrs. ROGERS. Is it not true that it is very important in the NP hospitals to have the patients receive proper treatment?

Dr. GRIFFITH. That is right.

Mrs. ROGERS. I suppose it makes it pretty difficult to use soldiers, no matter how good they are, to go in that hospital, because they are not trained in the care of that type of patient.

Dr. GRIFFITH. When the war started we had about 5,000 trained male attendants who had anywhere from 10 to 16 or 18 years of service.

Mrs. ROGERS. They were very good?

Dr. GRIFFITH. They were excellent. Several hundred of them resigned and went into the administrative corps of the Army and marine service, and many of them are in operating rooms as attendants. They could practically ask for whatever they wanted and they got it.

Mrs. ROGERS. Doctor, is it not true that you would not be able properly to man a new hospital because of the shortage of nurses?

Dr. GRIFFITH. Both of nurses and attendants.

Mrs. ROGERS. You are asking now for how many nurses?

Dr. GRIFFITH. We want, I think, 840 or 850 right at this moment; and then about 3,000 between now and the first of the year, for additional beds coming in.

Mrs. ROGERS. And you are asking for an additional 2,000 right after that?

Dr. GRIFFITH. Yes, ma'am.

Mrs. ROGERS. Mr. Chairman, it is very important to provide satisfactory treatment for discharged veterans; as important as for the men while they are in the Army and the Navy proper.

Mr. ALLEN. There is no question about that.

Mrs. ROGERS. And what you need right now is a permanent corps, which would help, would it not, as there is that general shortage of doctors and nurses over the country?

Dr. GRIFFITH. If you had the right kind of people; yes.

Mrs. ROGERS. I am afraid, if something is not done, that the discharged veterans will be forgotten.

Dr. GRIFFITH. Mr. Chairman, it is very definite that with this increase in load we will have to have additional personnel of all types. Now, in all of the States you will find that the nurses and the doctors are conversant with various types of techniques and there are the

technicians; and those technicians, as well as doctors and nurses, are needed immediately as badly as nurses. Various other types of technical service are needed and there is a shortage. As soon as the war ends there will be more people available who have been trained. We have the WAVES, the WAC's, the SPARS, and all that type of personnel who are working as students and are receiving excellent training. In that connection we must remember that there are only so many women in the country who can take that fine work up.

Mr. ALLEN. Doctor, I imagine that these NP attendants have to have special training. Is that so?

Dr. GRIFFITH. We suggest that they run instruction courses for both attendants and nurses, but not psychiatric nurses. There are not so very many nurses, if any, who are interested in psychiatry; not so many as in general surgery or nursing, and we must train the younger nurses in psychiatry.

Mr. ALLEN. It is a problem we have got to meet and we will have to get our heads together and meet it. I want to say that I do not share in the great amount of criticism that has been heaped on the Veterans Administration in recent days, because I feel that the Veterans Administration has a great job, a tremendous responsibility, and I believe that you people are doing the best you can under hard circumstances.

Dr. GRIFFITH. It is hard; there is no question of that.

Mrs. ROGERS. It is not true that the nurses have a great many duties heaped on them, such as being responsible for seeing that the patients are properly dressed and have their neckties on, and all those duties take a long time.

Dr. GRIFFITH. It is the nurses' duty to take care of the patients and they have to see that the men are properly dressed, clothed, wearing proper clothing, whether the weather is cold or rainy or what not.

Mrs. ROGERS. It takes a long time for them to get dressed properly.

Dr. GRIFFITH. That is right.

Mr. KEARNEY. Doctor, a lot of doctors are now being discharged from the service to be returned to civilian life. I wonder if some arrangement could not be made with the War Department and the Navy Department, also, so that instead of actually discharging those men to return them to civil life for injuries or disability in one case or another where they are still able to practice, why those men could not be detailed to the various veterans' hospitals to assist in the administration.

Dr. GRIFFITH. Congressman, they are being detailed to us every day. We have someone look over the list and we are taking them up. We got three today. We had four or five yesterday or the day before. There were two officers just back from overseas. They had been in my office before. Mentally they were the very best men I had. Now they are going on limited service, noncombat. They will be processed this week when their papers come through Adjutant General's office.

Every doctor who is discharged for disability, we check him over. Unfortunately the majority of those checked for disability are patients.

Mr. KEARNEY. When I spoke of that I had in mind some men, I would say a half a dozen, I know of from my own community, who

have been returned to civilian practice; and I know those men would have been very fine for the Veterans Administration.

Dr. GRIFFITH. We receive cooperation from the Surgeon General's office as well as the Medical Corps. Now many of the men returned do not want to come into Government service. I am on a committee of the American Medical Association making a study of all the doctors now in the service. Questionnaires are being sent out.

Mr. KEARNEY. Pardon me for interrupting, but you cannot blame the average doctor who is returned after some months of service, particularly overseas, for not wanting to go into the Veterans' Administration when he looks back home and sees some individual who has stolen his practice while he has been in the service, and made himself a fortune.

Mr. ALLEN. Is there any other question?

All right; thank you, Doctor.

Have you any other statement to make, Mr. Maples?

Mr. MAPLES. In response to the question that the chairman asked, I think I attempted to make clear the attitude of the American Legion.

We have failed, as we see it, to do our duty. Now, then, I think that there has been a failure on the part of most of us. I think that the thing we should do is arouse ourselves to bend the same effort that we have been emphasizing all through the war and which we have been directing to win the war, and necessarily we have had to neglect some of the very important things connected with the war. And I say, having come along with the American Legion since its organization, it is a very important factor that is going to enter into this after the war unless we definitely arrange to take care of these men. That is my attitude.

The CHAIRMAN. I would like to say this, Commander: I do not think it is as much a failure of the Legion or any of the veterans' organizations. It is simply a question of the tremendous tasks being heaped upon us here, and coming so fast and under such hard circumstances that it is almost overwhelming.

Mr. MAPLES. Yes, sir.

Mr. ALLEN. And we have got to swim out the best that we can.

Mr. MAPLES. What I am saying, Mr. Chairman, is that the American Legion is not trying to evade its responsibility.

Mr. ALLEN. I appreciate that.

Mr. MAPLES. We are ready to put out entire effort along with that of other veterans' organizations in correcting these matters.

Mr. ALLEN. The American Legion and other veterans' organizations have always cooperated fine with this committee. There has always been fine cooperation. We appreciate it and I am sure they appreciate it, and I would like to say this: I think it is fair to say that the last Congress passed more beneficial legislation for veterans than has ever been done in any country, and the Congress of the United States has made more provisions and better provisions for the returning servicemen than any nation in the world. The GI bill of rights last year which you gentlemen had a lot to do with was, in my opinion, a landmark piece of legislation.

Mr. MAPLES. That is a very fine statement and we appreciate the attitude of Congress; but those boys of ours are the finest boys in the

world and they deserve much better—much better than any of the others get.

Mr. CUNNINGHAM. The boys in World War I were also the finest in the world and the boys of World War II are also the finest.

Mr. MAPLES. Yes.

Mr. ALLEN. The returning servicemen have a far better chance, I think it is fair to say, than you gentlemen had.

Mrs. ROGERS. I agree with you that the men should get proper treatment so that whatever is wrong with them can be corrected and it will not be too late. I always had that in mind.

Mr. ALLEN. I want to say something that Chairman Rankin has so often said, that this committee is practically nonpartisan, strictly patriotic. This committee is on the job all the time and we are always responsive to the wishes of the veterans' organizations, and we are always glad to hear them because their suggestions are very, very helpful.

Are there any other questions?

Thank you, Commander.

Now we will hear from Past Commander Bob Morrow, of Mississippi.

STATEMENT OF BOB MORROW, PAST COMMANDER OF AMERICAN LEGION, MISSISSIPPI

Mr. ALLEN. Commander, you may give your testimony in your own way.

Mr. MORROW. Mr. Chairman, ladies, and gentlemen, I have nothing much to add to what Commander Ditto and Past Commander Maples have said.

I appreciate the honor of being called past State commander. However, for your information, I am the paid personnel of the American Legion of the State of Mississippi, so I am what you might call a professional Legionnaire.

I have been in the department of the American Legion 20 years in Mississippi. Of course, I am well acquainted with the hospitals in Mississippi. Insofar as the hospitals in neighboring States are concerned, which handle our veterans from Mississippi, we cooperate with the American Legion in those States who handle those investigations and authorizations that we receive.

I visited the Gulfport Hospital with this official committee of doctors. I went down there in the capacity of a secretary to this delegation for the first time in about 5 years. I had not been there because I had been in the armed service for a number of years and only retired last summer. I will be frank with you, I was shocked at what I had to go through with at the Gulfport Hospital. I do not believe any one of you could go down to that hospital without being impressed with the fact that the conditions are very bad, brought about primarily, I think, by overcrowding, and bad overcrowding, in that hospital. There were when we went through there some five-hundred-odd World War II veterans. The balance of the 900 were World War I veterans. There were six meals a day being served there and they were awfully crowded. The meals themselves, insofar as the food was concerned, I think, were

good. They were good compared to what is served in most of the post camp stations in this country.

The treatment of veterans in that hospital was good, so far as I know, and if there were any mistreatments, certainly we would have gotten the protests immediately.

There have been no instances of mistreatment in the hospitals. Naturally, many veterans do not want to go to the hospital, but their families insist on their going there.

There are quite a few instances in which the families have told both our service offices and the department headquarters officers that they would not allow their sons to go to that hospital because of conditions there, and they were talking about the overcrowded conditions.

I do not know that that can be corrected except in one way, not by just adding 164 beds—that will help the situation some, but you are either going to have to move those veterans out of that hospital building into a new hospital or plan for that particular hospital; and I appreciate very much the fact that we have been and are primarily concerned right now with winning a war. I thought that that was the only and the No. 1 objective while I was in the service, but since my return and we find we have some 25,000 men discharged from World War II now in Mississippi, that we have definitely a problem which is part of the war now, and that is the problem to take care of these disabled veterans.

Now, you do not have to consider this problem very long until you realize what is confronting us. We have the problem of 800 World War II veterans out of the 25,000 discharged who are in this hospital, which has a capacity of 782. That being so, and viewing the present crowded conditions, you can understand what our problem is going to be when we get back the 230,000 veterans from Mississippi after this war is over.

So we felt this problem is so serious that we ought to come to Washington. This started last July and we are just getting to Washington because we move very carefully and slowly, trying to get enough people interested, trying to find some solution, because all we were trying to do is to bring about a uniform practice. We want to have a uniform program with Louisiana. We also had a conference with the department in Montgomery, Ala. We were all in the same position, not arguing whether we would have a hospital in Mississippi or not, but we were all agreed that something should be done about this hospital now; that plans should be made now, if you cannot do anything else, in order to take care of the load that is coming after this war. So we came up first to the Veterans' Administration to see what their attitude might be, and after that we came over to see our own congressional delegation and to tell them what we knew and what we found out, with a hope that not only would a complete survey be made of the entire situation down there, and particularly of the Gulfport Hospital, but that a plan might be made and it might be made now and we would not be overcrowded within the next year or two after the war is over. It will be met now, and just as quickly as materials and labor are available we might go ahead and enlarge that institution to take care of these men who are returning, regardless of whatever the cost might be, or regardless of what may be thought about it otherwise.

We would remind you, as far as economy is concerned, you will find that we are pretty close-fisted down in that part of the country.

Mr. KEARNEY. Mr. Chairman, I am very much impressed with the gentlemen's statement.

Will you tell the committee what you found out as the result of your conference with the Veterans' Administration, and what plans were made or are being made to increase the facilities there?

Mr. MORROW. General Hines told this committee yesterday that he was sending down an engineer or planning officer, or what have you, to Gulfport to check through the facilities there and to go over the entire situation and draw up necessary plans and bring them back to his office, his headquarters.

Mr. KEARNEY. I understood from the testimony of a previous witness, although I may be wrong, my understanding of the testimony of that witness was that plans had been made to secure about 146 beds.

Mr. MORROW. 164 beds.

Mr. KEARNEY. Is that sufficient?

Mr. MORROW. No, sir.

Mr. KEARNEY. You will have 230,000 in the service from Mississippi who will be returning?

Mr. MORROW. Something over 230,000.

Mr. KEARNEY. And there are about 25,000 Mississippi boys now who have returned?

Mr. MORROW. Yes.

Mr. KEARNEY. And even just for that 25,000 boys who returned your hospital facilities are not sufficient?

Mr. MORROW. That is correct.

Mr. KEARNEY. So that you are unable to take care of them now under existing conditions?

Mr. MORROW. That is right.

Mr. KEARNEY. So that when the 230,000 Mississippi boys come back, as you say, provision before then will have to be made for hospital facilities to a far greater degree than 170 or 200 beds?

Mr. MORROW. Yes, sir.

Mr. KEARNEY. There is another question, Mr. Chairman, which I meant to ask the State commander, and this is for my own personal information.

Most of us here are Legionnaires and, as I understand, this committee appreciates hearing this delegation from Mississippi and understands that they are simply speaking for your own department.

Mr. MORROW. That is right; yes, sir.

Mr. CUNNINGHAM. As I understand you, the meals are good, the treatment is good, and you have no criticism of the personnel; but the only criticism you have is that of the crowded condition.

Mr. MORROW. That is right.

Mr. CUNNINGHAM. Now when you approached the Veterans' Administration, what was the attitude of your State when you presented the matter to the Veterans' Administration?

Mr. MORROW. We filed this resolution that was passed by the executive committee a couple of months ago. We left that with General Hines. That was exactly the program of the Mississippi American Legion. We came up on that program and had absolutely acted on that program.

Mr. CUNNINGHAM. Then you would say you found their attitude good and cooperative?

Mr. MORROW. Yes, sir.

Mr. CUNNINGHAM. Have you any suggestions how to best relieve the crowded conditions?

Mr. MORROW. Either stop sending these men to the hospital or transfer them to some of the post camps and some of the vacant hospitals somewhere in the United States, regardless of where they may be.

Mr. CUNNINGHAM. Have you any post camps with hospitals in your State?

Mr. MORROW. So far as I know there is Camp McCain that is vacant. I do not believe any troops are training there.

Mr. CUNNINGHAM. You could temporarily take care of a number of men at that hospital?

Mr. MORROW. They certainly could, if the men were moved there.

Mr. CUNNINGHAM. Have you any suggestions in regard to temporary quarters to be built down there to relieve the situation?

Mr. MORROW. Well, I have had some experience in building barracks, Congressman, and I think even if you could get some barracks moved down there and placed on these facilities temporarily; and perhaps a kitchen and a dining room, which can be built within a very few days, or broken down and transported from one of these camps, it certainly would relieve the situation at that hospital.

Mr. CUNNINGHAM. In that connection I have a letter from a friend out home where they have an abandoned Army camp which is used as an induction center. It has a good, fireproof brick hospital of 100 beds, and it could be used for veterans; and I wondered if you had such a similar situation in Mississippi.

Mr. MORROW. I do not know about Camp McCain. I do not know what size hospital they may have there, but I know an ordinary post hospital could certainly handle some veterans; which, of course, would require administration, doctors, and nurses.

Mr. CUNNINGHAM. Do you think there is close cooperation between the Veterans' Administration and the War Department health officers?

Mr. MORROW. I do not know anything about the coordination between the War Department and the Veterans' Administration.

Mr. CUNNINGHAM. What your committee is interested in is a remedy? You have given your report on the hospitals and everything.

Mr. MORROW. Yes, sir.

Mr. KEARNEY. In your discussion with the Veterans' Administration, was there any thought advanced that there was a shortage of beds in the country?

Mr. MORROW. I believe it was mentioned that there was a general shortage.

Mr. KEARNEY. For the information of the chairman of this committee, there are 10,000 beds under the charge of the Office of Civilian Defense that can be made available.

Mr. SCRIVNER. What was that statement you just made?

Mr. KEARNEY. There are 10,000 beds now under the direct charge of the Office of Civilian Defense which could be made available by January.

Mr. SCRIVNER. Where are they?

Mr. KEARNEY. They are all over the country, in storehouses.

Mr. SCRIVNER. Lodged in fireproof buildings?

Mr. KEARNEY. Apparently.

Mr. ALLEN. I would like to add at this point in the testimony that we have a camp near Alexandria, La., that is being abandoned as a training center on May 15, and it has a hospital prepared to take care of 2,100 patients; and I have urged the War Department and I have urged the Surgeon General to convert it into a general hospital.

Mr. CUNNINGHAM. Is it fireproof?

Mr. ALLEN. No; it is not fireproof, but it is better than turning the men out of doors, and the fire hazard would not be extremely great.

Mr. SCRIVNER. I make the suggestion that if you are going to work on that you must work fast, because the War Department will get everything out.

STATEMENT OF BRIG. GEN. FRANK T. HINES, ADMINISTRATOR OF VETERANS' AFFAIRS

General HINES. Mr. Chairman, Mrs. Rogers, and gentlemen of the committee, when I was last before the committee I suggested that I would like to submit to the committee a prepared statement covering somewhat what has been accomplished up to date on the various phases of our work, and which in my judgement will furnish the committee with a foundation to be followed up in your investigations. I would like to be permitted to read this statement. However, I will be glad, if any member wishes to interrupt me, to answer any particular questions, and it will be a better record if I am allowed to complete my statement and then answer questions.

Chairman RANKIN. General Hines, you said you welcome an investigation by this committee?

General HINES. I do, and I am still prepared to go ahead with it. I know of no other way of rebuilding what has been destroyed by articles that have appeared, letters that have been written, and the like; and I feel that this committee, if corrections are to be made in procedure or law, is in a better position to handle it than any other committee; and I want to say while I realize that any investigation requires additional work on the organization, additional work on me, I think that probably we will be in better shape after it is over than we are now, and it is a very important subject.

Mr. Chairman, Mrs. Rogers, and gentlemen of the committee, I appreciate this opportunity to appear before the House Committee on World War Veterans' Legislation and I welcome your investigation of the many allegations recently published relative to the operation of the Veterans' Administration and particularly of charges directed at the hospital and medical services.

Within the Veteran's Administration itself, I have already launched an investigation designed to inform me whether or not there is any truth in the charges that have been made. This was done as soon as these charges were called to my attention and was prompted by a very real fear that, whether true or false, that would create anxiety and worry among those most directly affected—soldiers, sailors, veterans and, families, and friends.

Because an investigation made by our own people might be opened to the suspicion that it would be ex parte or colored or controlled, I also invited to Washington the national commanders of the American Legion, the Disabled American Veterans, and the Veterans of Foreign Wars.

In conference I asked the cooperation of these organizations in developing a program to reveal the facts about the hospital medical and other services rendered veterans through the Veterans' Administration. A plan was agreed upon and I received from these leaders a pledge that they will exhaust all their resources to gather the truth through their experienced officials in all of the States.

However, my efforts to secure all available data have extended beyond the three organizations I have named. Since meeting with them, letters have been sent to numerous other veterans' organizations and civic associations, requesting each of them to submit all factual information they possess or may be able to develop.

In each instance I emphasized that in an investigation of this sort, opinions are of little value. Because of this, I have requested that they supply me with specific facts, as it is upon facts that we must base any changes or corrections they appear justified.

Last December I announced the appointment of an advisory group selected from among the most eminent medical men in the Nation. The gentlemen serving on this group are acting as advisers to me in all matters pertaining to hospitalization and medical services for veterans.

There are now 16 outstanding physicians and specialists on this group. I have written each of these gentlemen requesting that he visit veterans' hospitals which are accessible to him and make a thorough investigation and report to me on the conditions as they find them.

In making this request, I urged that each of these doctors take as much time as possible to complete a comprehensive study.

I feel sure that in its survey of the Veterans' Administration your committee will insist upon witnesses presenting factual information in support of charges. Opinions not only differ but are often incapable of support and little progress may be made unless concrete proof is presented.

At this time I cannot furnish complete factual evidence in answer to all of the numerous lay opinions and allegations which have been directed at the Veterans' Administration in newspapers and magazines. I can, however, assure you from my personal knowledge of the treatment of patients in Veterans' Administration facilities that third-rate medicine is not practiced.

I can also assure you that the charges which have been leveled at us are, on the whole, either gross distortions of the facts or misrepresentations.

As our investigation progresses, this committee will be kept informed as to our findings. At the present moment the reports are still far from complete but I have already received sufficient information to prove that certain specific charges brought against us are without foundation in truth.

I trust the committee will grant me and my associates other opportunities to appear before it so that we may report the results of our

determined effort to establish the entire truth concerning our services to and treatment of veterans.

At this time I would like to give you an outline of the organization and purposes of the Veterans' Administration together with an indication of the work load handled by the various services, and to suggest the tremendous increase in the volume of our work.

While this information does not go into great detail or show the many ramifications of our service, it will point out to some extent our present difficulties as well as our accomplishments.

ORGANIZATION

The organization of the Veterans' Administration is highly departmentalized. In other words it is decentralized. Policy-making officials and certain operational divisions are centered in the Washington office. But services to veterans are operated through regional offices, facilities, and field offices which have been established in the various States and Territories. Full responsibility for this organization is vested in me as Administrator.

There are three Assistant Administrators, each of whom is responsible for definite division of the work, an Executive Assistant to the Administrator, a Solicitor, and Chairman of the Board of Veterans' Appeals. These constitute the top policy-making body.

Maj. O. W. Clark is Assistant Administrator in charge of compensation, pension, vocational rehabilitation, and education. In his office are: Claims for compensation or pension filed by living veterans of all wars and of the Regular Establishment in time of peace; the Dependents' Claims Service which handles claims for compensation or pension filed by dependents of those who have served in the armed forces, the Vocational Rehabilitation and Education Service which handles all matters pertaining to vocational rehabilitation under Public Law 16, Seventy-eighth Congress, and education or training under title II of the Servicemen's Readjustment Act of 1944 (Public Law 346, 78th Cong.).

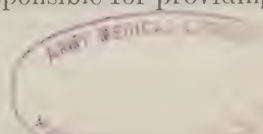
Each of these services is under a director who is responsible for all functions within his service both in the central office and in the field stations.

Mr. Harold W. Breining is Assistant Administrator in charge of finance and insurance. Under him, the Director of the Finance Service has charge of all matters relating to accounting for public moneys, for the personal funds of patients, the guaranty of loans to veterans under title II of Public, 346, Seventy-eighth Congress, and administration of readjustment allowances under title V of the same act.

The Director of the Insurance Service administers the provisions of the War Risk Insurance Act as amended, Government life insurance and national service life insurance, and article IV of the Soldiers' and Sailors' Relief Act of 1940.

This includes all claims for insurance payments involving either death, permanent and total disability, or waiver of premiums because of total disability.

Col. George E. Ijams is Assistant Administrator in charge of medical and domiciliary care, construction, and supplies. Under him, the Director of Medical and Hospital Service is responsible for providing



not only medical and hospital care but also out-patient treatment and examinations for returning veterans who are entitled to such care or treatment. This includes the operation of all hospitals.

The Director of the National Homes Service is responsible for all matters relating to the domiciliary care of veterans and the operation of domiciliary homes.

The Director of the Construction Service is responsible for developing sites for new facilities and preparing plans, specifications, and estimates covering construction, alterations, and repairs of plants and equipment, maintenance of buildings, grounds, and mechanical equipment, and the operation of utilities at all facilities.

The Director of the Supply Service is responsible for the procurement, maintenance, and distribution of all supplies and equipment. He is accountable for Government property and property accounts, contracts—except construction contracts—leases, and agreements, and traffic management.

The Executive Assistant to the Administrator, Mr. A. D. Hiller, is responsible for the work of the Investigation Division, the Office of Budget and Statistics, Office of Personnel, Office of the Chief Clerk, including records and auxiliary administrative services, the Regulations and Procedure Division, the Contact Division, and the Press Relations Section.

The Investigation Division conducts audits, investigations, and inspections as ordered by the Administrator. He compiles and coordinates reports on investigations and maintains contact with the United States Secret Service.

The Budget Office and Chief of Statistics prepares budget estimates and maintains control of statistics and liaison on budget matters with the Appropriations Committees of Congress and Bureau of the Budget. He makes survey of related functions in field stations and maintains records for annual reports to Congress or other necessary reports, and prepares recommendations concerning legislation involving the expenditure of funds.

The Director of Personnel is responsible for all personnel activities and maintains liaison with the Civil Service Commission and other Government agencies on personnel matters.

The Chief Clerk is responsible for records, mails and files, the procurement and distribution of printed matter, and custodian of property and equipment.

The Chief of the Regulations and Procedure Division is responsible for editing, compiling, and coordinating regulations and other issues of the Veterans' Administration. He maintains contact with the Federal Register and National Archives, making studies of policies, methods, and procedures pertaining to organization and Territorial assignments.

The Chief, Contact Division, is responsible for furnishing information and assistance to veterans and their beneficiaries or representatives pertaining to benefits provided by laws administered by the Veterans' Administration. He assists them in the presentation of their claims before rating agencies of the Veterans' Administration and maintains liaison with service and welfare organizations and otherwise assists veterans in all ways compatible with the law.

The Director, Press Relations Section, prepares statements to inform the public concerning the operation of the Veterans' Administra-

tion and assists representatives of the newspapers and periodicals in securing information regarding these activities. It also maintains contact with the representatives of radio and picture services.

The Solicitor, Mr. E. E. Odom, is responsible for drafting opinions on legislation relating to Veterans' Administration and submits to the Attorney General claims for damages; recognition, suspension, disbarment of attorneys and agents practicing before the Veterans' Administration. He cooperates with the Department of Justice in civil and criminal investigations involving the Veterans' Administration or its officials in their official capacity.

In his office there is a legislative counsel who has general supervision of matters pertaining to legislation and Executive orders affecting the Veterans' Administration. It is his duty to maintain a history of all bills and enactments in the compilation of Federal laws pertaining to veterans. The guardianship service is responsible for general supervision and directs all guardianship affairs, including litigation in State courts, foreign countries, and insular or Territorial possessions.

The Chairman, Board of Appeals, Mr. R. L. Jarnagin, is responsible for determinations and decisions on all laws and motions in appellate status.

FIELD ORGANIZATIONS

Offices and facilities of the Veterans' Administration are located throughout the United States, in Puerto Rico, Hawaii, and Alaska. There are 94 facilities for the hospitalization of veterans. These are divided into three types: 51 are general medical and surgical, 30 are neuropsychiatric, and 13 are tuberculous. Specialized clinics and diagnostic centers are operated in connection with many of the larger facilities. Ten of the facilities are also especially prepared for the domiciliary care of veterans, and one is devoted entirely to domiciliary purposes.

Nine area offices are now operating. The records of all persons now being discharged from the armed forces because of disability are sent to these offices and initial awards of compensation or pension are made there.

For administrative purposes, the United States is divided into 53 regions, in each of which there is a regional office or a facility having regional-office activities. These offices render out-patient treatment; and they make physical examinations for pension, compensation, and insurance purposes. Claims for disability and death compensation or pension are adjudicated in them. They also handle the vocational rehabilitation and training of disabled veterans under Public Law 16 and the education or training of other veterans under Public Law 346. They maintain a guardianship service; issue loan guaranties on homes, farms, and businesses, and private information and assistance to veterans in all matters within the jurisdiction of the Veterans' Administration.

Branch offices and contact units operating under regional offices also extend services to veterans. There are at present 89 branch offices and 159 contact units which have been authorized. In addition to these, contact representatives have been assigned to Army and Navy separation centers and to Army and Navy hospitals where service per-

sonnel may be discharged because of disabilities. There are in all 370 field stations of the Veterans' Administration which have been established or authorized to render services to veterans. This does not include the representatives at Army or Navy installations. A breakdown of these field stations shows them to be classified as follows:

Regional offices -----	16	Area offices -----	9
General medical facilities -----	51	Insular offices -----	2
Neuropsychiatric facilities -----	30	Branch offices -----	89
Tuberculosis facilities -----	13	Contact units -----	159
Facility with domiciliary care only -----	1	Total -----	370
(37 of the general medical tuberculosis, and neuropsychiatric facilities have regional-office activities.)			
(10 of the above have domiciliary activities.)			

PERSONNEL

In view of an increasing work load we have opened new offices and are constantly adding to the number of hospital beds available to veterans. But we have been unable to secure the necessary personnel to keep pace with the increasing work load.

We first began to feel the pressure of World War II in February 1943. Since that time our work load has increased about 300 percent, but we have been able to add only 14 percent to our personnel.

One of the best over-all measures of work volume is the mail handled. In Washington, D. C., alone, we are now receiving 1,500,000 piece of mail each month. This is a far cry from January 1942, when we received about 926,000 pieces, and the year before, 1941, when we received less than 700,000 pieces of mail during January.

As a further indication of the increase in work, let me give you a few comparisons I recently had compiled.

At the end of February 1943 we had only 32,435 World War II disability claims filed. By last February 28 we had 693,146 such claims filed.

By February 1943 we had only 14,000 death claims filed on account of service in the present war. By last February we had 144,980 such claims filed.

By February 1943 we had only 18,588 national service life death claims filed. By February 28, 1945, we had 259,557 such claims filed.

As of February 1943, we had adjudicated 23,985 disability and death claims of all types concerned with World War II. At the end of February this year we had adjudicated 734,580 such claims.

It should be kept in mind also that at the end of February, 2 years ago, we had no non-service-connected hospitalization for veterans of the present war; no vocational rehabilitation to teach the disabled new ways of earning their living; and no GI bill of rights with its partial guaranty of home, farm, and business loans, educational benefits, and readjustment allowances as the unemployment benefits are called.

These activities, as you are aware, have been superimposed upon the many which were already in existence, and as I have just indicated, some of these latter have now been enlarged a great many times.

I think all of us realize that Veterans' Administration expansion is still in its initial stages, and that by far the greater part of it is yet to come, considering only the administration of the laws now on the books.

On January 31, 1945, we had authorized 68,149 positions in the Veterans' Administration. Of these, 52,810 were in the field, 7,895 in the central office in Washington, 7,443 in the New York branch of the central office.

At that time we had on duty a total of 54,088 employees, of which 41,794 were in the field offices, 6,395 in central office in Washington, 5,899 in the New York branch of central office—a shortage of 14,061 in spite of a constantly increasing work load. However, this shortage has been somewhat alleviated through the help we secured from the armed services. We had actually on duty in the field medical and hospital service 4,315 enlisted men serving as hospital attendants and approximately 1,500 commissioned officers who are physicians and surgeons. All of these except some 500 are our own militarized personnel.

In the medical and hospital service we had authorized 1,871 full-time doctors, 5,062 nurses, 702 technicians, and 15,814 attendants.

On this same date, January 31, 1945, we had on duty 4,213 nurses, so that we were short approximately 841 nurses, and this shortage is daily becoming more acute as the work load increases.

Our authorized number of attendants is now 15,814. We have on duty 12,181 exclusive of the military personnel that has been loaned us. In this emergency, the Army has agreed to let us have a maximum of 8,000 military personnel to meet our attendant needs. These men, of course, are not trained hospital attendants and, therefore, require more supervision that would be necessary if we could secure qualified personnel. This in turn emphasizes the urgency of our need for nurses.

Our shortages other than doctors, nurses, attendants, and technicians are growing. We now have 29,361 authorized positions in all other categories, including clerical and stenographic. Some 5,000 of these positions are currently vacant and need to be filled.

In the central office at Washington we have 1,500 positions which are now vacant.

In New York we had 1,544 positions which we were unable to fill. And as the work load is increasing daily, this shortage becomes an increasing handicap to the Administration in its effort to keep up with its work load.

In anticipation of the increased need for workers we began the recruitment of workers through out field offices more than a year ago. As this did not result in the procurement of the necessary personnel, we have more recently organized and are now conducting a Nation-wide campaign to secure the personnel needed to fill vacancies both in the field and in the central office.

HOSPITALS AND CONSTRUCTION

On March 8, 1945, the Veterans' Administration was operating 94 hospitals with 76,248 beds; in addition there were 11 having domiciliary facilities providing 14,885 beds. Of these, 13 hospitals were

for the care of tubercular veterans. These had 6,544 beds of which 5,684 were occupied.

Mr. Chairman, am I taking too much time?

Chairman RANKIN. Go ahead and complete your statement.

General HINES. I personally give the details so that the committee will know where to get the information.

There were 30 neuropsychiatric hospitals having 42,707 beds with 39,937 patients receiving treatment.

Mr. SCRIVNER. May I ask a question?

General HINES. Surely.

Mr. SCRIVNER. I am relating this back to the question of employees. In case we get inquiries from persons who might want to be employed by the Veterans' Administration, to whom should they direct their inquiries?

General HINES. They should apply to the nearest regional office, and if you get any inquiries here you can turn them over to Mr. Hiller. That is the one reason I gave the names of those assistants, so that the committee would know what part of the bureau to communicate with.

Mr. SCRIVNER. Mr. Hiller is down in the central office?

General HINES. Yes; he is in the central office.

In 51 general medical and surgical hospitals there were 26,997 beds, of which 21,916 were occupied.

Of the patients in the tuberculosis hospitals, 2,497 were World War II veterans; 9,293 World War II veterans were in neuropsychiatric hospitals, and 6,202 in general medical and surgical division.

So, on March 8, out of a total of 91,133 hospital and domiciliary beds available in our facilities, 77,142 were occupied, and of these, 18,345 patients were from World War II. In addition, some 4,346 veterans were being cared for in hospitals not operated by the Veterans' Administration.

It is expected that the percentage of World War II cases in our hospitals will steadily increase from now on as battle casualties are just beginning to be released from the Army and Navy hospitals, and the number of discharged veterans needing hospitalization is, of course, increasing.

In anticipation of this increased load, we have planned a building program which is expected to keep abreast of the demands made on us. Between now and July 1 of this year, we will complete and have ready for occupancy some 8,250 additional beds, and between the first of July and December 31, 1945, construction will be completed on 4,600 more. Other projects which are already included in our program, but will not be completed until after January 1, 1946, will provide approximately 6,400 more beds before July 1, 1946. Our construction program for the fiscal year 1946 has already been submitted and is awaiting final action by Congress.

This program contemplates building 14,100 beds and construction under this program is expected to be completed not later than January 1, 1947.

While it is compulsory that we wait for the appropriation contained in the 1946 independent offices bill before undertaking any of these projects, considerable progress has been made in the acquisition of sites for 18 new hospitals included in this program.

In addition to the programs I have just outlined, we expect in the very near future to acquire approximately 3,500 beds in facilities which we have obtained by transfer from the Army.

When our present program and that authorized for 1946 have been completed, we will have increased the number of Veterans' Administration facilities from 94 to 120, and will have available 127,000 beds in our own facilities which will provide a wider distribution of hospitals and make hospitalization more easily accessible to veterans throughout the country.

The extension of our hospital service which will be required for the care of World War II veterans is being continuously studied by the Veterans' Administration and the Federal Board of Hospitalization, and I expect to appear before Congress in the near future and request a material expansion of our construction program.

COMPENSATION AND PENSIONS

At the end of February 1945 disability claims had been filed by 693,146 World War II veterans. Of these 66,476 are still pending and 626,670 have been adjudicated.

In March of 1944 the Veterans' Administration established area offices which have since that time relieved both regional offices and the central office of much of the work of adjudicating disability claims. Since that time these offices have received 225,228 claims and have allowed 187,848 of these and disallowed 34,469, an average of 84½ percent allowed. These are all claims of veterans who have been discharged from the armed services on account of disability and have filed claims at the time of their discharge. The claims of veterans who are discharged into Veterans' Administration facilities for further treatment are not adjudicated by the area offices. During this same period the regional offices allowed 148,081 claims and disallowed 75,262, an average of 66.3 percent allowed. These claims are mostly from veterans who did not file claims at the time of their discharge or who were not discharged because of disability.

On February 28, 1945, there were 403,525 veterans of World War II being paid pensions because of service-connected wartime disabilities. This is a greater number of pensions of this type than were paid to veterans of World War I for similar purposes at any time in the 23 years from 1918 to 1941, as the maximum number of World War I service-connected beneficiaries was 349,724. In addition to these, 317 World War II veterans are now being paid pensions because of permanent and total disability not the result of service and 4,574 are receiving pensions for disabilities incurred in previous peacetime service. The average pension paid veterans of World War II during February was \$31.93 a month.

Claims for death pension on account of a person who served in World War II have been received at an average rate of 10,000 a month for the past 6 months. At the end of February 1945, a total of 144,980 such claims for death pension had been received. Pensions had been approved and payments ordered in 78,518 of these cases and 29,392 claims were disallowed, the greater majority of these because the dependency of parents was not demonstrated. There are still 37,070 claims for death pension that are pending; that is, action is being

withheld on them awaiting evidence in proof of relationship or dependency which it is necessary to obtain from the claimant before a pension can be allowed.

The number of these claims filed is not an indication of the number of veterans involved as more than one person may file dependency claim because of the service of a single veteran.

Every effort is made to adjudicate all claims as rapidly as they are received, and in the great majority of cases a prompt decision is reached if the evidence submitted is complete. Every effort is, of course, continuously made to keep these claims current.

EDUCATION AND REHABILITATION

The vocational rehabilitation of disabled veterans is authorized under Public Law No. 16, Seventy-eighth Congress. To be eligible for rehabilitation under this act, a veteran must have a pensionable disability which constitutes a vocational handicap and be in need of rehabilitation to overcome such handicap. He must have been in service after September 16, 1940, and have been discharged under conditions other than dishonorable.

In cooperation with the War and Navy Departments, the Veterans' Administration has adopted a procedure which assures that all disabled veterans are informed of their right to file a claim for pension and to be assisted in filing such claim. Each pension claim when it is reviewed is also checked to see if the veteran is entitled to rehabilitation under Public Law 16. If he is found to be entitled, he is immediately notified of this fact. Already 257,910 disabled veterans have been notified that they are eligible for vocational training. Of these only 56,202 have made application for rehabilitation and up to February 28, 1945, only 11,937 had actually entered training. Of these 8,673 are attending institutions of learning and 3,264 are being trained on the job. As of this same date there were 363 veterans who had been rehabilitated and attained the employment objective for which training was given; 1,788 cases in which training had been interrupted; and 977 cases where training had been discontinued. This compares with 858 World War II veterans who were receiving rehabilitation on January 31, 1944.

Special advisory and guidance groups have been established to assist and direct disabled veterans in selecting courses of training which are best suited to their abilities, inclinations, and handicaps. These advisory groups are operating in 53 regional offices of the Veterans' Administration and contractual agreements have been made with 63 educational institutions for them to operate such guidance centers. Contracts for similar centers are now pending with 34 other educational institutions and 180 others have been contacted as a preliminary to making such contracts.

The advisement of veterans who are being rehabilitated under Public Law 16 is a legal requirement. It is not required in the case of veterans who are undertaking education under Public Law 346, Seventy-eighth Congress, but the services of these advisement centers have been made available to these veterans. Under this latter law any veteran who has been in active service after September 16, 1940, and prior to the termination of the war, who has seen 90 days of service and has been

discharged or released under conditions other than dishonorable, is entitled to at least 1 year of education or training. Under some conditions they are entitled to additional training or education up to a maximum of 4 years.

Under the law, the Veterans' Administration is not permitted to exercise any curbs on the veterans in the selection of his training so long as it is in an approved institution. Upon application, the veterans is issued a certificate of eligibility which he presents to the educational or training institution of his choice. If he is acceptable to the institution, the Veterans' Administration pays both the institution and the veteran at rates established by law. While not required to seek advice or counsel, these veterans are encouraged by the Veterans' Administration to accept advice and guidance before entering training in order that they may secure the maximum benefit from this legislation. While the Administration is not permitted and has no desire to interfere with or alter either directly or indirectly the educational system as in operation, it has been the practice to report to the proper State agency whenever it is found that training institutions are following policies which adversely affect the training of veterans.

Already 52,682 veterans have applied for education or training under Public Law 346. Of these, 48,555 have had their eligibility determined and the veterans have been notified; 46,569 of these have been found eligible for training and authorized to start their education. As of January 31, 1945, 17,583 had actually entered their training courses.

To assist me in solving problems connected with vocational rehabilitation and education, I have appointed a special committee of educators. On this committee there are two college presidents, the financial heads of two colleges, the presidents of two junior colleges, and a vocational school director.

INSURANCE

By the act of October 8, 1940, national service life insurance was inaugurated. Between that date and March 20, 1945, 17,093,500 applications had been received representing \$131,149,409,500. By comparison, during World War I there was filed 4,529,889 insurance applications representing \$39,606,743,000. Thus the load on the national service life insurance has so far been considerably over three times that experienced in the First World War.

In this connection it is thought that it also might be of interest to state that the total amount of life insurance in effect on the books of the several commercial insurers within the United States aggregates only something in excess of \$140,000,000,000.

The average amount per insured life under national service life insurance is \$9,180 which is several times that under commercial insurance. There has been received 259,557 death claims and 99,310 claims for waiver of premiums under national service life insurance; 239,265 death claims have been awarded representing insurance totaling \$1,474,438,272.

In addition, 63,883 waiver of premium claims have been allowed. There are now pending 21,826 death claims and 25,151 waiver of premium claims. However, the connotation "pending" does not mean

that the Veterans' Administration has not taken any action in connection with these claims, but rather that they are claims which have been filed but not completed, great numbers of them being in the category of awaiting evidence from the beneficiary.

Some conception of the work that has been accomplished may be gained from the fact that over 50,000 more death claims have been awarded under national service life insurance than have been awarded under war risk insurance from 1917 to date.

In all frankness I cannot say to you that insurance claims are settled with the promptitude I desire, but this has been occasioned by the great difficulties we have experienced in the obtaining and training of the necessary personnel. The situation is most acute in the higher executive classes where it has been impossible to supplement the force which was on duty prior to the emergency, so it has been necessary for the same small group of executives, who previously administered the life insurance carried over from World War I, to assume the additional burdens of this tremendously expanded insurance program which is many times larger than any other life insurance activity that has ever existed. Given the personnel necessary to carry the load I am sure that the work could be brought to a degree of currency within a reasonable time so that it could be handled with the dispatch we all desire.

About 3 years ago it was recognized that personnel and space were not available in Washington so that to cope with the situation arrangements were made to have the great bulk of the national service life insurance work performed in New York City. This location was chosen because it offered the best opportunities for space, manpower, and proximity to the central office. While at first the manpower and space situation in New York was satisfactory, in the last year or so there has been a tightening of both these elements, with the result that it has been most difficult to obtain persons with the background and training needed efficiently to perform the work.

In appraising what has been accomplished under the national service life insurance program, you may find it worthy of consideration that while the burden of work has been over three times that of World War I, the maximum number of employees engaged on such work has been less than 50 percent more than the number of employees on insurance work during World War I.

Summarizing, I think it fair to say that while insurance claims are not handled as quickly as I am sure you and I desire, they are being handled orderly and not chaotically, and any delay is largely attributable to inadequate personnel. I do not believe anyone will disagree with me when I say that these claims should be handled with the utmost dispatch and that every effort should be made to provide the facilities for making awards and mailing checks promptly.

READJUSTMENT ALLOWANCES

The readjustment allowance program under title V of the Servicemen's Readjustment Act of 1944 has resulted in payments being made up to March 3, 1945, to an aggregate amount of \$9,621,802. 28,892 veterans being on the pay rolls for the week ending March 3, 1945, and receiving for that week \$652,964. Readjustment allowances are paid through the several State unemployment compensation agencies, ex-

cept in Puerto Rico where it was necessary that the Veterans' Administration set up its own system and organization.

I believe that mechanically the readjustment-allowance program is functioning satisfactorily, although I am giving constant study to the question of whether the numbers on the rolls are in balance with the presently existing manpower situation.

LOAN GUARANTIES

Under the loan-guarantee operations authorized by title III of the Servicemen's Readjustment Act of 1944, 1,406 loans have been guaranteed representing \$2,416,743, and guaranties have been rejected on 304 applications. Eleven thousand eight hundred and forty-three certificates of eligibility have been issued. There are comparatively few loan-guarantee applications pending action in the Veterans' Administration, so that it would appear that numbers of veterans have applied for certificates of eligibility but have not as yet completed the loan transaction to the point of submitting the loan to the Veterans' Administration for a guaranty.

In making this statement I have attempted to present an over-all picture of our operation and of some of the problems confronting us, as well as to suggest what we are doing and plan to do to meet these problems.

I have not attempted to make specific answers to any accusations as it has been my experience that answers of this kind are more clearly developed in reply to direct questioning, and I imagine you will prefer to develop the answers in this manner.

I again want to thank you for this opportunity to appear before and to assure you that I and all of my associates will be happy to assist you in every way possible in developing the true facts about conditions in the Veterans' Administration.

I and the members of my staff will be ready at your convenience to discuss with you specifically and in detail the several separate phases of our work and to present such facts as you may desire in answer to any and all adverse criticism which may come to the attention of your committee.

Chairman RANKIN. General Hines, on behalf of the committee, I want to thank you for your most comprehensive statement, and say that we are going to adjourn now, to meet at the call of the Chair. I suppose we had better do it and find out what authority we will have for going through with this investigation.

Mr. PICKETT. Mr. Chairman, how much notice will you give? Sometimes it is a little difficult to attend on short notice.

Chairman RANKIN. It is my intention to get the resolution through so that we can meet Tuesday morning.

Mr. SCRIVNER. Why not make it Tuesday, subject to change?

Mr. PICKETT. It could be made subject to the call of the Chair.

Chairman RANKIN. Do you want to meet on Monday?

Mr. SCRIVNER. Yes; if you can get the resolution through.

Chairman RANKIN. As I understand, when the Rules Committee reports out a rule, it must lie over a day.

If there is no objection, we will adjourn with the understanding that the committee will meet at 10:30 o'clock Monday morning, subject to

change. If it is necessary to change to a later date, everyone will be notified.

General Hines, we will expect you back at that time.

Mrs. ROGERS. General, it seems to me that a lot of personnel should be turned over to the Veterans' Administration by other departments.

General HINES. I have been advocating that. I have talked in regard to that with the Director of the Budget Bureau and I found he has taken it up with the committee of the Senate. We need a great deal more personnel than we are apparently able to get. I discussed the matter with General Somervell and told him the situation we were in, and he told me that they were short and suggested that I join with him in a recruitment program, which offers some help.

(Whereupon, at 12 noon, the committee adjourned, subject to the call of the Chair.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

TUESDAY, MAY 15, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION.
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order.

Now, let me state in advance that we do not want any disturbance in the committee room, and we do not want any photographers in here without the permission of the committee.

If anyone wants to come here and take a picture, let him ask, but do not come in here creating a disturbance with flashlights.

Mr. Philbin, this committee is called for the investigation of veterans' affairs under the resolution which we will insert in the record here at this point.

(H. Res. 192 follows:)

[H. Res. 192, 79th Cong., 1st sess. ; House Calendar No. 96 ; Rept. No. 383]

RESOLUTION

Resolved, That the Committee on World War Veterans' Legislation, acting as a whole or by subcommittee, is authorized and directed to conduct an investigation of the Veterans' Administration with a particular view to determining the efficiency of the administration and operation of Veterans' Administration facilities.

The committee shall report to the House (or to the Clerk of the House if the House is not in session), as soon as practicable during the present Congress, the results of its investigation, together with such recommendations for legislation as it deems advisable.

For the purposes of this resolution the committee, or any subcommittee thereof, is authorized to sit and act during the present Congress at such times and places within the United States, whether or not the House is sitting, has recessed, or has adjourned, to hold such hearings, to require the attendance of such witnesses and the production of such records, documents, and papers, to administer oaths, and to take such testimony, as it deems necessary. Subpenas may be issued under the signature of the chairman of the committee, or by any member designated by such chairman, and may be served by any person designated by such chairman or member.

The CHAIRMAN. You made some statements to this, and we are asking you to come and testify as a witness.

STATEMENT OF HON. PHILIP J. PHILBIN, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. PHILBIN. Mr. Chairman and gentlemen and lady of the committee, I welcome the opportunity to appear before this distinguished committee of the House to present my views concerning the efficiency of the Veterans' Administration and to offer my full cooperation with your pending investigation.

To this end, I am referring to your counsel pursuant to his request and my own strong desire to be helpful, certain letters and data which may throw some light on the subject of this inquiry.

Though I have voluminous data embracing serious complaints with regard to these matters, I will be as brief as possible because I believe that the able chairman and the committee desire to press through the preliminary stages of this investigation with utmost speed so that urgently needed reforms in the handling of all veterans' affairs may be instituted at a very early time.

March 7, I believe it was, I introduced a resolution calling for a much broader inquiry than this one entails. I did this not because of any desire on my part to interfere with the jurisdiction of this able committee but primarily because I had been observing what I honestly believed, and still believe, was and is a steady and most serious deterioration in the functioning of existing machinery intended by Congress and the American people to rehabilitate our beloved veterans, and because I conceived that the field of inquiry and the scope of relief required were both beyond the jurisdictional limits of this honorable committee.

As I have stated in substance in the House and before the Rules Committee, the matter of veterans' rehabilitation embraces all the armed services and not merely the Veterans' Administration, though, to be sure, by far the brunt of the widely spread, sincerely made, and seriously felt charges of failure, neglect, omission, and inadequacy falls upon the latter agency.

I had in mind that the process of rehabilitation starts either when a man is seriously wounded and hospitalized or when he leaves the Army under such circumstances that he may be entitled to the rights, benefits, privileges, and preferences established by existing Federal law. Obviously, it should make no difference to Congress whether the failures, if any, are attributable to the Army, the Navy, the Marine Corps, the Coast Guard, or the Veterans' Administration. If a member of the armed forces, in or out of the service, is being neglected or maltreated or abused, if he is being denied through intentional or unintentional administrative action his maximum entitlements under the law, then it becomes the province and duty of Congress to move quickly to correct such a situation.

Because the chain of treatment, medical or administrative attention, starts, in general, as I said, when a man is wounded or discharged, the problem is often one for the attention of several agencies. Before it is adequately considered or solved several Government bureaus may be involved, the Army or Navy or Coast Guard or Marine Corps, through their various medical services, their dependency relief agencies, their personal affairs and demobilization units, and the Veterans' Administration also with respect to several services implementing entitlements,

and, finally, of course, State and local groups seeking to render assistance and aid. For example, a wounded veteran may follow this chain of necessary administrative action from a field hospital in Europe or the South Pacific to an evacuation hospital, to a base hospital, to a convalescent center, and ultimately into a Veterans' Administration facility. In this process a veritable bundle of rights is involved. First, of course, is proper hospitalization and adequate and skillful medical treatment and nursing care. Dependency benefits may be involved, specialized clinical therapy may be required, personal vocational guidance and reemployment rights may have to be dealt with. These steps may well all be part of the rehabilitation process and it is most important that efficiency, courtesy, kindness, and sympathetic consideration should accompany each step.

The CHAIRMAN. Mr. Philbin, we understand all this, and it was agreed by the committee that what we want is the facts concerning any misconduct or maltreatment or neglect on the part of the Veterans' Administration.

We all understand those facts, and nobody on earth is more conscious of the rights of veterans than the members of this committee, on both sides.

We have nothing to do with Army and Navy hospitals whatsoever, but now, what we want today, there are charges made that there was misconduct in the Veterans' Administration, in veterans' hospitals, and what we want you to do is to point out, if you have any information of that misconduct or maltreatment or neglect of the men in these veterans' hospitals or under the supervision or care of the Veterans' Administration.

We do not need any lecture on our duties, we do not need any lecture on what the law is. We know the law. We have to write the law.

As a matter of fact, practically all of the laws that affect the veterans came out of this committee.

And what we want to know is everything now about the misconduct or maltreatment or neglect of the former members of our armed services that come under the jurisdiction of this committee.

Mr. PHILBIN. May I proceed with my statement?

The CHAIRMAN. Well, now, if you have some facts concerning the points that I have pointed out.

Mr. PHILBIN. May I proceed to give my views as to how I believe the ends of this inquiry can be accomplished and how some of these aims may be realized?

The CHAIRMAN. What we want is to know what is wrong.

Mr. PHILBIN. I understand that.

The CHAIRMAN. We do not need any lecture as to what our aim should be.

Mr. PHILBIN. I have just barely touched upon my statement and I have received this interruption. I would like to have the courtesy of proceeding so I can get to the evidentiary facts.

The CHAIRMAN. We want you to get down, Mr. Philbin, to the charges that you made on the floor of the House so we may investigate them and find some way to remedy those conditions if they are found to exist.

Mr. PHILBIN. For these reasons I had in mind the need for practicable and effective coordination of all the rights, facilities, advantages, and entitlements from top to bottom, the elimination of waste, duplication or inefficiency and burdensome delay, where they are shown to exist, the adaptation of all the services and agencies concerned to latest scientific modes and methods in the medical, psychiatric, sociological and administrative sciences, the recognition and utilization of modern social instrumentalities and opportunities, in short, a complete consolidation and coordination of the machinery implementing all these entitlements and all these steps, so far as practicable and possible into a unified, cohesive, efficiently functioning mechanism from the time the veteran becomes a ward of the Government or gets his discharge until the Government has discharged, or is adequately discharging its full obligation to him as a restored member of the civilian community.

Viewed in this light, gentlemen, as I interpret some of these questions, they ramify in some respects beyond the jurisdiction of this committee or the Veterans' Administration.

That fact, notwithstanding, however, the House has dictated a different course. Therefore, responsibility for pursuing a diligent impartial inquiry, limited of course under the resolution to the Veterans' Administration, and effectuating speedy corrective remedies either by law or suggested administrative action now rests squarely upon this honorable committee.

With your kind permission, I would like to place the previous specifications I outlined based on evidence theretofore reaching me in the record of these hearings, and will also furnish other material and correspondence I have received touching on these matters. Naturally I will be pleased to cooperate to the utmost with your investigation.

I would like to present the following suggestions for your careful consideration:

First. That you immediately hold hearings at or near various Veterans' Administration facilities throughout the country concentrating in those localities from which more persistent complaints emanate and that in the publication of notice of hearing you make it clear that all witnesses appearing before the committee to give testimony will be scrupulously protected against reprisals of any character.

Whether justified or not, throughout much of my correspondence grave fears are expressed by veterans and their families that reprisals will follow the rendition of their testimony. In my opinion you should give all potential witnesses reassurances in this regard.

The CHAIRMAN. I will ask you to put those records in the record here or turn them over to the counsel.

Mr. PHILBIN. I will, because there are specifications and detailed evidence to support any allegations I will make in my general statement.

Second. That you make an immediate inquiry into the nature and extent of the lag in the hospital construction program to ascertain the reasons for the delay in providing urgently needed additional facilities. It is hard for me to understand, as has been alleged, that lack of priorities or any other factor should retard this vital program but the essential thing is to get it going full speed ahead at the very earliest moment in order to relieve serious overcrowding and lack of facilities for proper care and treatment.

Third. That you promptly institute such measures as may be necessary to raise the standards of medical service—

By getting more doctors of quality and skill;

By getting more nurses and attendants even if, as to these categories, substantial upward salary revisions have to be made;

By introducing modern scientific methods and equipment where required.

There is no reason whatsoever why our veterans' hospitals should not maintain the same professional and scientific standards as those maintained by comparative private, other public and quasi-public institutions. If you must pay higher salaries to attract highly qualified men and women by all means arrange to do so. If you cannot then get an adequate supply of qualified personnel, call on the Army to furnish doctors more generally on the same basis they are presently furnishing them to Veterans' Administration facilities on a limited scale. Unquestionably the veterans are entitled to have well qualified doctors who are abreast of all the new developments and techniques in medicine. Research and technical facilities should be expanded to compare with those of our best American hospitals. First-rate men who have spilled their blood for our country are entitled to first-rate care and treatment, the best we can provide for them. I think we are all agreed on that.

Fourth. Give consideration to arranging a coordinated system of hospitals, convalescent centers and secluded small unit rest homes throughout the country so that every veterans may be hospitalized near to his home, or at least in the general region of his home.

It is most unfair to the relatives of these heroes to have to travel hundreds of miles to visit them. Moreover, proximity to him, family and friends is a definitely favorable factor in promoting speedy recovery and satisfactory morale.

Fifth. Consider the feasibility of establishing many small unit rest homes in country districts or in localities removed from the noise and confusion of the city, possessing the privacy and intimate atmosphere of home where less serious mental and nervous cases and those suffering from battle fatigue and shell shock may be restored to normal condition.

Sixth. Enlarge upon the policy of calling in outstanding civilian medical specialists in every field, particularly in the field of neuropsychiatry, to insure very best treatment and specialized attention.

Seventh. Expand personal affairs, vocational guidance and reemployment units and institutional craft training and recreation facilities in order to promote and accelerate rehabilitation adjustments.

Eighth. Extend the opportunities for clinical treatment for minor ailments and disabilities that retard but do not permanently or materially disable the veteran, thus rounding out complete medical treatment and providing for his every medical need.

There are other important aspects of the hospital situation that will receive your attention such as food, discipline, scientific equipment, laboratory, therapy, and orthopedic techniques and I am sure you will go into all these matters as carefully as possible.

Next I would like to refer to the apparently serious administrative jam that has occasioned a present backlog of thousands of pending adjudicated claims and cases in the Veterans' Administration. There is no excuse for this condition.

Private insurance companies often settle claims within a few days or at the most usually within 2 or 3 weeks.

Veterans' insurance claims often require 8 or 10 months according to the complaints. Compensation claims stand on a similar footing and literally thousands of veterans are being compelled to wait this very moment for settlement of ordinary claims that have been pending for several months, meanwhile experiencing hardship or depending on the generosity of their families or friends who may frequently not be able to carry these additional financial burdens. An apparently inextricable net work of red tape and delay envelops a great part of the machinery for adjudicating claims which has worked to the serious disadvantage of the veteran, and which at this late date, when one phase of our gigantic war effort has been successfully concluded, is entirely indefensible and no longer to be tolerated. Not only is original action on claims being seriously delayed, but there are long, inexcusable delays in processing and settling appeals from unfavorable or unsatisfactory decisions.

Although over a million and a half boys have been discharged from the armed services up to this time, relatively few loans for home or farm purchases or business purposes have been made and there seems to be very considerable dissatisfaction with the way these programs have been administered.

Perhaps liberalization of the law as well as complicated administrative methods will be required to work out these particular problems but they must have your early attention and that is also true of the operation of the reemployment features of the law.

It is not possible here for me to more than touch upon certain of the defects, limitations, and injustices that surely must be apparent to every member of the committee and every Member of the House.

I have endeavored to summarize some of the inescapable conclusions which I have derived from the large volume of correspondence and careful personal study that I have made regarding veterans' matters.

I am not asserting that all of the allegations are true and correct; undoubtedly there may be instances of exaggeration. But from information reaching me from very many sources, indeed, I am convinced that the entire rehabilitation program requires an immediate overhauling and careful revision at many points.

Frankly, I do not believe that the ex parte testimony of individual Congressmen, and that, of course, includes myself, can be of any great value in correcting this situation. Such testimony and such views may be useful in laying the basis and showing the need for the inquiry and corrective action but in the last analysis, in my humble judgment, the committee itself will have to hold hearings in various parts of the country in order to get first-hand information of conditions, get the views of medical, administrative, and other experts and make a thorough study of possible corrective measures.

I think that you can act almost immediately without further inquiry to correct undoubtedly serious administrative deficiencies in the general program and I am sure that your able chairman and each and every one of you stands ready to act.

I hope and believe that you will make as complete an inquiry as is possible under this resolution and that you will make special efforts to keep it clear of partisan considerations or personalities.

I am sure that the committee will extend to General Hines, whose high character and long-continued interest in and work for our veterans is so deeply appreciated by all of us and by the country, every possible opportunity to suggest and institute all necessary changes and improvements in his administration that will redound in the benefit of our boys who are not coming back to this country in such large numbers urgently requiring the solicitude and assistance of the Government.

Now, if you wish, Mr. Chairman, I would be glad to read into the record instances on these matters, or I would be glad to turn them over to your counsel who will find, I am sure, that they are very helpful.

I have letters and correspondence and data that perhaps your counsel would be interested in analyzing for you, setting forth the justification of the views I have set forth in my various speeches.

It would take a good deal of time to read all these charges, and I would humbly suggest that your counsel take and analyze them and present the conclusions to the committee.

The CHAIRMAN. In the first place, you have not made any specific charge against any hospital and I do not know what your correspondence there contains.

Do you have any specific charge against any hospital?

Mr. PHILBIN. Oh, yes; I have a great many.

The CHAIRMAN. And if so, I leave those to the counsel, Mr. McQueen, but it seems to me just as a practical matter that the thing that you should do if you have a charge against any hospital is to take that charge up and let the counsel or the committee ask whatever questions they wish.

Mr. PHILBIN. Of course I have made charges that you are familiar with that they are overcrowded.

I made it clear that the charges that I made were based upon the correspondence that I received and that I thought warranted investigation.

Now, I have a mass of data and if the committee desires me to go through individually this data I shall be glad to do it, but I would suggest in the interest of efficiency of the work of the committee that I can turn this correspondence over to your counsel to let him analyze these charges so you can decide whether it is necessary to hold hearings.

Mr. GIBSON. Mr. Chairman, may I ask a question?

The CHAIRMAN. Let us see what the counsel has.

Mr. McQUEEN. Mr. Chairman, I would like to have Mr. Philbin take the letters of complaint, get those matters before this committee, and would like to question Mr. Philbin where these complaints came from and what the bases of them are, and if you will take these letters up you could follow the procedure that you used, Mr. Philbin, in your speech of March 24, and I would like to know the names—I would like to know the names and dates and where they came from.

The CHAIRMAN. The gentleman from Georgia wants to ask you a question.

Mr. GIBSON. Mr. Philbin, before you start reading any of those charges I want to ask you a question.

Mr. PHILBIN. Yes, sir.

Mr. GIBSON. Do you know that the charges you have made in any of these documents are true?

Mr. PHILBIN. I would say of my personal knowledge that I know some of the charges are true that have come to my attention.

Of course these charges have come to me from all over the country and it would not be possible for me to verify each and every one of them.

Mr. GIBSON. Well, would you mind picking out the ones you personally know to be true and dealing with them first, and then when you start on the ones you know to be merely hearsay, give the committee the benefit of that?

Mr. CUNNINGHAM. May I ask a question?

The CHAIRMAN. Yes.

Mr. CUNNINGHAM. Which of these hospitals have you gone into?

Mr. PHILBIN. I have visited five or six.

Mr. CUNNINGHAM. Which ones?

Mr. PHILBIN. One at Rutland, one at Bedford, one at West Roxbury—most in my own State—and one at Northport, N. Y.

Mr. CUNNINGHAM. That is four.

Mr. PHILBIN. Northampton, Mass. I mentioned Bedford and West Roxbury.

Mr. CUNNINGHAM. Yes.

Mr. PHILBIN. I have visited no hospitals outside of my own State except the facility at Northport, N. Y.

Mr. CUNNINGHAM. How much time did you spend at each one?

Mr. PHILBIN. It would be difficult to say as I visited them at different times.

I have consulted with a great many patients from the hospitals.

Mr. CUNNINGHAM. In the hospitals?

Mr. PHILBIN. No; but in my office.

Mr. CUNNINGHAM. Well, when you were in the hospitals did you consult with patients in their wards?

Mr. PHILBIN. I have made general inspection tours in the wards to ascertain what the conditions were. But I have talked to a great many patients and a great many members of families of patients in hospitals.

The CHAIRMAN. Mr. Philbin, did you personally investigate any of these charges that have been made?

Mr. PHILBIN. It is your duty to investigate these charges, not mine.

The CHAIRMAN. I understand, but you made them.

Mr. PHILBIN. I made them as the basis for an inquiry. I did not make them as any more than prima facie evidence.

The CHAIRMAN. These hospitals are in your State and you are a Representative in Congress.

Now, you say you visited these hospitals. We had a recess in which we had time to go and visit the hospitals. Did you visit those hospitals?

Mr. PHILBIN. I visited those hospitals, but I am not in position to prove all of those charges. I conceive it is your job to investigate those charges.

I have received complaints which I think make out a prima facie case. As far as the committee is concerned, I think you should go out and investigate these facts yourself.

As I said on the floor of the House, where there is smoke there is fire.

The CHAIRMAN. Well, name one of the hospitals. Let us get down to cases.

Mr. PHILBIN. I will name one of the cases. Take Nebraska.

The CHAIRMAN. Let us take one of the hospitals you have been to first.

Mr. PHILBIN. Offhand I am not prepared to deal with cases of any of the hospitals I visited.

Mr. GIBSON. You said you knew some of your personal knowledge.

Mr. PHILBIN. Well, I will give you a condition at Northport, N. Y., where there are 3,000 patients hospitalized.

The CHAIRMAN. What is the name of that facility?

Mr. PHILBIN. Northport, N. Y., where there are 3,000 patients hospitalized and where there is 1 surgeon on duty.

Mr. McQUEEN. Is that a veterans' hospital or Army or Navy?

Mr. PHILBIN. It is a Veterans' Administration facility.

Mr. McQUEEN. Of 3,000 beds?

Mr. PHILBIN. I should judge the capacity to be—they have 3,000 patients there, 2,800 or 3,000 patients there.

Mr. McQUEEN. Is it a general hospital?

Mr. PHILBIN. It is a general medical hospital.

Mr. McQUEEN. General medical.

Now, Mr. Philbin, have you any information or did you check upon the letters that you say you received, or the complaints which you received, either orally or by letter, as to the source of those?

Mr. PHILBIN. Well, I received so many letters that it would be impossible for me to check upon the letters or complaints contained in the letters that I have received, but I am receiving those and have answered those letters suggesting the writers communicate with this committee and present the charges to this committee.

I am also referring the correspondence to this committee so that you may check.

Obviously I did not have an opportunity to check all of those letters.

The CHAIRMAN. I saw in those letters that you wrote to some of those parties, and you referred to this committee as a so-called Rankin committee.

This is not the Rankin committee. This is the Committee on World War Veterans' Legislation created by the Congress of the United States and its duties are prescribed by the rules of the House.

Mr. PHILBIN. That was not meant to be any reflection on the committee. I used that phraseology just to describe the committee.

Mr. KEARNEY. Mr. Chairman.

The CHAIRMAN. Mr. Kearney, of New York.

Mr. KEARNEY. Did I understand you to say the Northport Hospital had 3,000 beds?

Mr. PHILBIN. I think there are 3,000 patients. Actually they have 2,700 or 2,800 beds.

The capacity I understand to be between 2,500 and 3,000.

I visited that.

The CHAIRMAN. When?

Mr. PHILBIN. I visited there on three different occasions. About 2 months ago.

Mr. McQUEEN. How long were you in the hospital?

Mr. PHILBIN. I was in the hospital quite some time. I went through different parts of the hospital.

Mr. McQUEEN. Well, who did you talk to?

Mr. PHILBIN. I talked with the commanding officer, I talked with some of his assistants, I talked with some of the patients.

Mr. McQUEEN. Can you give us one conversation or tell us the type of patient you talked with in the hospital?

Mr. PHILBIN. Well, I talked to one patient who was there being treated for a physical and mental condition.

Mr. McQUEEN. And that was in a general hospital?

Mr. PHILBIN. When I went to leave, maybe this will make your inquiry unnecessary—I understood from one of the patients that there was—while there was a surgeon on duty at the facility—that there was no operating room.

Mr. McQUEEN. Just a moment. Can you tell me that patient's name?

Mr. PHILBIN. Yes; that patient's name was George Lynch.

The CHAIRMAN. Where is he from?

Mr. PHILBIN. He was from Freeport, N. Y.

The CHAIRMAN. Now, Mr. Philbin, before you go any further I may be wrong, but I understand this Northport Hospital is a neuropsychiatric—

Mr. PHILBIN. That may be true.

The CHAIRMAN. Those are mental cases, are they not?

Mr. PHILBIN. Yes; I think that may be true.

The CHAIRMAN. That is for treatment of mental cases.

Mr. KEARNEY. Mr. Chairman, that Northport Hospital is an NP hospital.

Mr. PHILBIN. That may be true that it is an NP hospital.

The CHAIRMAN. This man you are quoting was in inmate of a mental hospital. Let us get that straight.

Mr. PHILBIN. But he has since been released.

Mr. KEARNEY. But George Lynch was a patient at the time you visited the hospital.

Mr. PHILBIN. Well, there are about 3,000 patients; and while there is a surgeon assigned to duty there at the hospital, there is no operation room, and when these patients require surgical attention they have to be taken to Kingsbridge Hospital.

Mr. GIBSON. They do not do much operational work on insane people.

Mr. PHILBIN. Well, that I do not know.

The CHAIRMAN. They have to be taken to where?

Mr. PHILBIN. To Kingsbridge Hospital, which I understand is 40 or 50 miles away.

The CHAIRMAN. Well, they have facilities at that hospital, do they, for operating purposes?

Mr. PHILBIN. I believe they have. I believe so. I am not in position where I can testify with respect to all of the details of this veterans' hospital system.

The CHAIRMAN. Here is what has disturbed us, Mr. Philbin: We checked up as best we could from the letters you put in the record, and they were from insane patients.

Mr. PHILBIN. Well, I have a great many others.

The CHAIRMAN. God knows, if there is anything wrong in these hospitals we want to find it.

Mr. PHILBIN. That is all I want, to uncover the facts.

The CHAIRMAN. But we do not want you to go on the floor of the House and quote some irresponsible individuals, and especially some of these writers that we are going to call down here, and disturb all the patients in these hospitals and disturb all the patients at home, unless you have something specific.

If you have anything specific that is wrong with any of them, we certainly want to find it out.

Mr. PHILBIN. Well, I will be glad to turn this correspondence over to you, and it contains letters from many facilities, from relatives of the veterans who are hospitalized in these facilities, and I think it warrants your very careful attention and study and inquiry.

The CHAIRMAN. You spoke of getting letters, Mr. Philbin. I wish you could see the mail I get.

And when I get these charges I find out who these veterans are, and I get some of the wildest ones ever written.

Some of those letters you put in the record. One of them was written to me from the same hospital. I checked up and found he was insane.

Mr. PHILBIN. We are submitting conditions and not persons who complain about the conditions.

Of course, that may have some bearing on their credibility.

The CHAIRMAN. We are not interested in the individuals who write these letters unless they have been mistreated; but we are interested in the charges that have been made, and if you have any specific instances of misconduct of any of these hospitals, we want to know it.

Mr. PHILBIN. Now, of course, the first allegation was that these hospitals were overcrowded.

Mr. McQUEEN. Who made that allegation?

Mr. PHILBIN. I receive a great many letters along that line.

I know that the facility at West Roxbury, Mass., is crowded, because I have seen it, and I can refer you to the editor of the Boston Record, for example, or you could go to that facility and very easily ascertain that that facility is overcrowded.

In fact, almost every facility, I understand, is overcrowded.

Mr. ALLEN. To find out how widespread these complaints are, do you have a list of the hospitals about which you received complaints?

Mr. PHILBIN. Well, I have letters from a great many of these hospitals and letters from the relatives and friends of these veterans who are hospitalized.

Mr. ALLEN. Would you be willing to read into the record a list of these hospitals from which you have received complaints?

Mr. PHILBIN. I do not have a list of the letters.

The CHAIRMAN. I am going to rule that counsel will have the first round in examining the witness.

Mr. McQUEEN. I would like to come down to some particular complaints now.

Mr. ERVIN. Mr. Chairman, I want to make a suggestion. Let the counsel ask Mr. Philbin on everything of which he has personal knowledge first.

Mr. PHILBIN. Do I take it that the committee is ruling that I may not read into the record some of these complaints that I have?

Mr. McQUEEN. Oh, no; we would like to have every one of them.

Mr. PHILBIN. Am I going to be limited merely to my personal knowledge of these things?

The CHAIRMAN. If you have anything that will give us light on conditions in these hospitals, we want it.

Mr. PHILBIN. Well, if I could proceed here——

Mr. GIBSON. He should turn that over to counsel, but it has no business being read into the record as evidence.

I think he ought to put that into the hands of the counsel, but all that should be permitted to go into the record as testimony is that to which he can swear to himself.

Mr. CUNNINGHAM. Now, you know what is competent evidence and what is not?

Mr. PHILBIN. Yes.

Mr. CUNNINGHAM. I think the committee would like to have what is competent evidence.

I heard your statement, which was not specific. You, as a lawyer, would not present that in court.

Mr. PHILBIN. I brought these generalities up so that you might be guided as to the places where the conditions which I have alleged exist.

Obviously I am in no position where I could have made inquiries or personal investigation of the facts contained in all these letters, and my own personal knowledge respecting these facilities is limited to those hospitals in my own State.

Mr. ALLEN. Mr. Philbin, what we are trying to find out is this: If you have any specific charge against my facility in Louisiana. I would like to know that—I would like to know what it is—so we might look into it and find out.

We may find it is true, we may find no basis for it.

Mr. PHILBIN. Precisely; and I have those cases which I could turn over to your counsel.

Mr. GIBSON. There is no point if the same person keeps coming in here and produces the same letters that you have and we have.

Mr. PHILBIN. That is why I did not think Congress or myself would throw much light on this general picture. I think you will have to go out into the field and get direct competent legal evidence.

Mr. PETERSON. Mr. Chairman?

The CHAIRMAN. Let us hear what counsel has to say.

Mr. McQUEEN. Mr. Chairman, Mr. Philbin states that he has visited three hospitals in his State.

Let us start with A hospital and let Mr. Philbin testify to you gentlemen what he saw there and what he found there.

Now, I believe we can get started that way, and I will take these letters later.

The CHAIRMAN. He started with one in New York.

Mr. PHILBIN. Well, I understood it was overcrowded.

Mr. McQUEEN. You are referring to the Northport Hospital in New York?

Mr. PHILBIN. That is right.

Mr. McQUEEN. Now, how long did you visit Northport Hospital?

Mr. PHILBIN. I visited there on three different occasions.

Mr. McQUEEN. And how long on each occasion?

Mr. PHILBIN. My observation was from my contact with some of the officials and patients in the hospital that the hospital was crowded, and I was informed, as I told you—that, again, is not direct evidence—I was informed that there is no operating room at the hospital.

Mr. McQUEEN. Well, Mr. Philbin, in your visit at the hospital—you were there three times. Were you there as long as a day each time?

Mr. PHILBIN. No; I should say probably not more than a couple of hours.

Mr. McQUEEN. Did you talk to the commanding officer or the chief surgeon?

Mr. PHILBIN. I talked with the officers in charge there.

Mr. McQUEEN. Did you ask about the operating room?

Mr. PHILBIN. No; I did not ask about the operating room.

Mr. McQUEEN. Well, did you get the information that the operating room was not in the hospital at the time you were there?

Mr. PHILBIN. I got that subsequently—that there was no suitable operating room, that the patients had to be taken to Kingsbridge Hospital.

Mr. McQUEEN. Well, now, Mr. Philbin, tell us what you did see in the hospital. How many patients did you talk to?

Mr. PHILBIN. I talked to, probably, 25 or 30 patients.

Mr. McQUEEN. Were any of these patients held under restraint at that time?

Mr. PHILBIN. Yes; some of them were held under restraint, and some of them were free. They were all under restraint of one kind or another.

Mr. McQUEEN. Well, this is an NP hospital?

Mr. PHILBIN. I believe so.

Mr. McQUEEN. Now, did you inquire as to how many beds were in that facility?

Mr. PHILBIN. Yes; I did.

Mr. McQUEEN. How many beds would you say were in that facility?

Mr. PHILBIN. My recollection is there were 2,400 or 2,500 beds, but they had more patients than that. There was an overcrowded condition.

Mr. McQUEEN. Did you go down to the dining room?

Mr. PHILBIN. Yes; I did.

Mr. McQUEEN. Did you eat a meal there?

Mr. PHILBIN. No; I did not.

Mr. McQUEEN. Did you have any complaints about the meals there?

Mr. PHILBIN. Well, there were some complaints about the meals, but I do not recall just offhand what they were.

There were some statements made that the food was not always good.

Mr. McQUEEN. Did you receive these complaints in a ward upstairs?

Mr. PHILBIN. I received them in different places.

Mr. McQUEEN. Well, were these men locked up you talked to?

Mr. PHILBIN. Not all of them.

Mr. McQUEEN. Well, did you talk to any man that was locked up?

Mr. PHILBIN. Yes; I talked to one of them.

Mr. McQUEEN. What was his name?

Mr. PHILBIN. George Lynch was one.

Mr. McQUEEN. Was he locked up at that time?

Mr. PHILBIN. He was incarcerated at the hospital.

Mr. McQUEEN. And for what reason, if you know?

Mr. PHILBIN. Well, I understood that it was a combination of physical and nervous ailments.

Mr. McQUEEN. General disturbances. Was he a veteran of World War I or World War II?

Mr. PHILBIN. He was a veteran of World War I.

Mr. McQUEEN. How old a man would you say he was?

Mr. PHILBIN. I should say 40 or 50.

Mr. McQUEEN. Do you know how long he had been hospitalized?

Mr. PHILBIN. I think several months.

Mr. McQUEEN. Do you know where he came from?

Mr. PHILBIN. I believe he came from somewhere in Long Island, N. Y.

Mr. McQUEEN. Did he write you a letter?

Mr. PHILBIN. Yes; he has written me several letters, but he wrote no letter of complaint.

Mr. McQUEEN. No letter of complaint?

Mr. PHILBIN. When I visited him on one occasion he had a black eye.

Mr. McQUEEN. Did he make a complaint about that?

Mr. PHILBIN. Well, I asked him how he got the black eye. He said he was hit by one of the patients in the ward.

Mr. McQUEEN. How many men were in the ward Mr. Lynch was in?

Mr. PHILBIN. I would not want to estimate the number of men. There were quite a few of the men.

The CHAIRMAN. Did you say he said he was hit by a patient or employee?

Mr. PHILBIN. He said he was hit by a patient.

The CHAIRMAN. By a patient.

Mr. PHILBIN. Yes.

Mr. McQUEEN. Now, so that we can get these matters in the record, Mr. Philbin, won't you take your letter that you have put into the record on March 24, in which you did not give any names, dates, or addresses, and you state, here on page 1538 of the record that—

I know personally where the patients at night would be put in cells for the officer of the day, and he would never show up.

Now, do you have that letter with you?

Mr. PHILBIN. Yes.

Mr. McQUEEN. May we have that letter?

Mr. PHILBIN. I have the photostatic copies of the letters.

Mr. McQUEEN. May we have that letter?

Mr. PHILBIN. What does that relate to?

Mr. McQUEEN. I cannot tell. That is what you quoted.

Mr. PHILBIN. You might give me a little better description of the letter than that. I will have to go through all these photostatic copies to get it for you.

Mr. McQUEEN. You also said:

Before I left the hospital there were about a hundred cases of ptomaine poisoning due to eating stew that I thought was repulsive, but this case was quashed. The food was utterly repulsive to me, and we need a thorough investigation.

Now, can you find that letter? That is all you say in there when you put that in the record.

Mr. PHILBIN. Those were not my words. That is an excerpt from the letter I received.

Mr. McQUEEN. That is right. I want to see the letter.

Mr. PHILBIN. I have it here, and I will find it. I will be able to produce it for you.

Mr. McQUEEN. Now, tell us anything that you found, in your opinion——

The CHAIRMAN. Let him find that letter if he can. I want to get that letter in the record here. What hospital is that credited to?

Mr. McQUEEN. I do not know.

Mr. PHILBIN. I did not disclose the hospitals. I presented those excerpts as the basis for investigation.

Mr. DOMENGEAUX. Disclose the hospital to us now, please.

Mr. PHILBIN. What?

Mr. DOMENGEAUX. I say, disclose the hospital to us now.

Mr. PHILBIN. I am looking for it now.

This is the letter that you want. Albuquerque, N. Mex.

Mr. McQUEEN. Well, on this photostat, Mr. Chairman, the name given has been taken off here.

We would like to have the full facts, Mr. Chairman.

Mr. PHILBIN. I will furnish that.

I have a great many cases where veterans and families have written me and have asked me not to disclose their names. They fear reprisals.

The CHAIRMAN. Mr. Philbin, do you not think that before you went on the floor of the House and inflamed the public with these charges that you ought to have investigated these people to see who they were?

Now, you come out with the name of the hospital and do not even disclose who they are.

Mr. PHILBIN. These people are afraid if their names are disclosed there will be reprisals. They are afraid there will be reprisals against them, and that is why I did not have the name on this photostatic copy of the letter.

Answering your other inquiry, Mr. Chairman, the reason I made the speech in the House was because I thought that where so many letters were being received concerning these conditions that we ought to have a congressional investigation about it to determine whether these charges were true or false.

Mr. McQUEEN. Do you receive any comments on the hospital that they were run properly among all the letters you received.

Mr. PHILBIN. I do not think I received more than one or two commenting that they were run properly.

Mr. McQUEEN. Did you put those in the record?

Mr. PHILBIN. No; I did not put those in the record.

Mr. McQUEEN. Now, may we have this original letter?

Mr. PHILBIN. Yes; I will turn over that correspondence, but I understand the committee is going to keep it private and that these fears of the people will be respected.

Mr. McQUEEN. Well, now, Mr. Chairman, I want these letters in the record.

The CHAIRMAN. Oh, yes.

Now, Mr. Philbin, we did you the courtesy to not subpoena you, subpoena duces tecum, and not put you on oath.

If you were an outsider we would have sent a subpoena duces tecum.

Mr. PHILBIN. I understand that, but I say I understand that the committee will respect the fears they have and not disclose these names.

The CHAIRMAN. I wonder if you think the members of the committee do not get letters from people concerning these veterans' hospitals. Now, I have one this morning from Fort Bayard that is the most complete answer, and it is from a patient who has been there, a World War veteran with a service disability. But here you say you have received two or three letters of people complimenting the hospitals.

Mr. PHILBIN. I do not believe I received three.

Mr. McQUEEN. You did not receive three?

Mr. PHILBIN. I do not think so.

The CHAIRMAN. Out of all these multiplied millions of veterans who have gone through these hospitals, not only they did not write you, while you did not inquire of them?

Mr. PHILBIN. I made inquiry at different places. I conceive it is the function of this committee and not my function to investigate these charges.

That is what this committee is set up to do, in my opinion.

Mr. ALLEN. You expect us to keep the letters in confidence. Now, how are we going to go to a hospital and investigate a charge from a member of the personnel if you expect us not to use that man's name at all?

Mr. PHILBIN. Well, you could investigate the charge without disclosing the name, I suppose.

The CHAIRMAN. No; when you get a letter from a patient that is known to be insane and you go out and exploit it through the Congressional Record and disturb the parents in this country, the mental cases, the wounded boys, I think it is your duty to put the name in the record.

Mr. PHILBIN. Well, I think the insane people have to be protected to. If the charges are true they are just as good as any other charges.

The CHAIRMAN. We are going to use the names, though, to show just what these charges are based on.

Mr. PHILBIN. I appreciate that.

Mr. KEARNEY. Mr. Chairman.

The CHAIRMAN. The gentleman from New York.

Mr. KEARNEY. I am particularly anxious to get at the bottom of all of these charges, but I do not see for the life of me how this committee or any investigator for this committee can make an investigation unless the name is given.

The CHAIRMAN. And the charge.

You ask us to go out to these hospitals and take a committee of Congress and stage an investigation on the basis of letters that we do not even know who wrote, and it is asking of us an impossibility.

Mr. PHILBIN. Of course, if you want to get the facts, you will have to go where the facts are available.

If you want to get direct evidence, you will have to go to the hospitals to get it.

The CHAIRMAN. I want you to put in the record the exact date that you were at this New York hospital, because we want to get the menu card.

If they are not properly fed, we want to know it.

Mr. PHILBIN. I made no reference whatever to that hospital in my speech on the floor of the House.

The CHAIRMAN. You stated the man you got this letter from was almost hopelessly insane, he was confined.

Mr. PHILBIN. No; I did not make that statement at all. I said he since has been discharged.

The CHAIRMAN. Well, you said he was confined at the time.

Mr. PHILBIN. Yes. I visited the hospital and I observed the overcrowded condition myself.

I am not in position where I could verify overcrowding just by observation, but I was told by one of the doctors that there were more patients than the bed capacity of the hospital would permit.

The CHAIRMAN. That is true; and the insane load piled up very rapidly during this war, but you cannot build a hospital overnight, and, besides, the Army has built a great many fine hospitals that the Veterans' Administration is going to take over as soon as hostilities cease.

But you have left the impression—I do not know whether you realize it or not, but the impression has gone out under the inspiration of these two writers and your speech on the floor of the House that there is something wrong in these hospitals and that these people are inhumanly treated.

That is the impression that is left.

Mr. PHILBIN. I think the impression that would be left by what I said was there was overcrowding in the hospital.

Mr. KEARNEY. Mr. Philbin, you said you visited four or five hospitals.

Now, outside of the NP hospitals, did you receive any specific complaints as to the treatment of any of the veteran patients in these hospitals?

Mr. PHILBIN. Well, many of the letters I received came from patients who were hospitalized in these hospitals.

Mr. KEARNEY. I mean from your own personal visits?

Mr. PHILBIN. In my talks with them I gathered conditions were not what they should be.

Mr. KEARNEY. Do you have any specific individual complaint that you gathered from any of the veterans in these hospitals?

Mr. PHILBIN. I have many specific instances of complaints that have been written to me—

Mr. KEARNEY. No; not written to you. In the hospitals you visited.

Mr. PHILBIN. I did not make notes when I visited these hospitals.

Mr. KEARNEY. But you would remember if any complaints had been given to you?

Mr. PHILBIN. Well, complaints were undoubtedly given to me when I discussed the general situation, but I did not make notes.

Mr. KEARNEY. In the hospitals you visited and the patients you talked to personally you have no specific complaints to make after talking with those veterans?

Mr. PHILBIN. Well, after talking with those veterans I formed the opinion that perhaps a congressional investigation ought to be made of this whole veterans' hospital situation.

Mr. KEARNEY. Can you give the names to the counsel of any of the individual veterans?

Mr. PHILBIN. As I say, those are in my correspondence, and I am going to turn them over to the committee.

Mr. KEARNEY. Did you go through the refrigerator rooms of these hospitals?

Mr. PHILBIN. No; I did not visit the facilities in their entirety, but I talked with a great many persons hospitalized in the institution; I talked with a great many of their relatives.

Mr. KEARNEY. Well, can you give us some of those names and addresses?

Mr. PHILBIN. Yes; I will be glad to furnish some of those to the committee.

Mrs. ROGERS. At Bedford did you find beds in the day room there?

Mr. PHILBIN. Yes; I believe there were beds there in places where there ought not to have been beds. And I found a crowded condition.

Is that your impression?

Mrs. ROGERS. I know the commanding officer has been trying to get beds for some time.

Mr. PHILBIN. I think there could be no doubt that many of these hospitals are overcrowded.

Mr. AUCHINCLOSS. Mr. Chairman, I understand we have not yet been given the specific names attached to these letters.

I also understand the committee has the right of subpoena to insist on these names.

Mr. PHILBIN. I have already told you I am going to turn over my correspondence to the committee.

The CHAIRMAN. He will turn that over to us, the original letters.

They will be turned back to you, Mr. Philbin.

Mr. PHILBIN. Yes; I understand.

Mr. RAMEY. Mr. Chairman, there is one case, Lynch, that is on specific information. I am asking for that in regular order.

The CHAIRMAN. The gentleman from Ohio is correct. He is a judge and knows the evidence.

Mr. RAMEY. Let us see the follow-up. Did he inquire? Was there a lack of attendants there? What was the reason one of the patients was allowed to hit him?

Then did the witness see the manager of the hospital and follow it up?

Mr. PHILBIN. Yes; I saw the manager of the hospital.

Mr. McQUEEN. What is the manager's name?

Mr. PHILBIN. Vursell or Burdell; I am not sure whether it was Vursell or Burdell.

Mr. McQUEEN. Did you speak to the manager at that time about this man being beat up?

Mr. PHILBIN. Yes; I did.

Mr. McQUEEN. Was there any statement made to you at that time as to what caused this altercation?

Mr. PHILBIN. Oh, I was satisfied it was a thing that might happen where a group of mental patients were assembled.

Mr. McQUEEN. Were there any attendants there in that ward at that time?

Mr. PHILBIN. I did not get the details. I presumed there were attendants there.

I did not make any allegations concerning this hospital.

Mr. McQUEEN. Was the man injured?

Mr. PHILBIN. The man had a very badly discolored black eye and was discolored around his eye and cheek.

Mr. McQUEEN. And that was between another patient and him?

Mr. PHILBIN. I presume so.

Mr. McQUEEN. Can you tell the committee whether there were any attendants in the room at that time?

Mr. PHILBIN. All I could say is hearsay.

Mr. McQUEEN. And you were told that another patient had hit him?

Mr. PHILBIN. Yes; and I was told by the manager another patient hit him.

Mr. RAMEY. Counsel, may we have the name of the person that hit him and the name of the person who was on duty.

Mr. PHILBIN. I did not get that, Judge.

Mrs. ROGERS. Mr. Philbin, is it your belief that there should be a good surgeon in these hospitals because men do have emergency appendix cases, and so forth?

Mr. PHILBIN. Yes; I believe there is a good surgeon at the hospital, but when a major operation is required the patient has to be taken to Kingsbridge.

Mrs. ROGERS. But there is a surgeon there?

Mr. PHILBIN. I understand there is.

Mr. GIBSON. Do you know there is not an operating room there?

Mr. PHILBIN. I was told there was not.

Mrs. ROGERS. Did the manager tell you?

Mr. PHILBIN. No.

Mr. PICKETT. Who gave you the information that there was no operating room at the hospital, Mr. Philbin?

Mr. PHILBIN. My Lynch.

Mr. PICKETT. That was the patient who was hit?

Mr. PHILBIN. Yes. I mean he gave me that information after he was released from the hospital.

Mr. PICKETT. Now, you have made assertions and charges that were broad in their scope. Is that true?

The CHAIRMAN. Mr. Pickett, will you permit me to ask one question?

Mr. PICKETT. Yes.

The CHAIRMAN. This man Lynch did not claim he needed an operation?

Mr. PHILBIN. No.

The CHAIRMAN. He was not there to have an operation?

Mr. PHILBIN. No.

The CHAIRMAN. He was there for mental trouble?

Mr. PHILBIN. Yes; and physical trouble, too, I believe.

The CHAIRMAN. Well, he told you about the operating room, but he was not complaining that he was not operated on?

Mr. PHILBIN. No; he simply asserted that there was no operating room at the hospital and patients had to be taken some considerable distance.

Mr. McQUEEN. When you talked to him he was locked up in a ward?

Mr. PHILBIN. He was released when I talked to him about the operating room.

The CHAIRMAN. But when you first saw him he was locked up?

Mr. PHILBIN. Yes.

The CHAIRMAN. They only lock these patients up to keep them from injuring themselves or somebody else, do they not?

Mr. PHILBIN. I presume so.

The CHAIRMAN. And this patient already had a black eye?

Mr. PHILBIN. I think he was in close confinement when he got the black eye.

The CHAIRMAN. Well, he was locked up either for the protection of himself or other patients, was he not?

Mr. PHILBIN. I presume so.

Mr. RAMEY. I would like the facts on that. Who hit him?

The CHAIRMAN. Another thing, was he locked up in a cell by himself?

Mr. PHILBIN. I believe he was locked up with other patients in a general wardroom, but I did not see him in that place.

The CHAIRMAN. You saw him while he was in there?

Mr. PHILBIN. Not in the wardroom. He was brought out of the wardroom when I saw him.

The CHAIRMAN. You did not go up and look in the wardroom?

Mr. PHILBIN. I looked in the wardroom but I did not see him. I had an opportunity to talk with him privately in one of the little parlors.

The CHAIRMAN. Did you see some of the other patients in the ward?

Mr. PHILBIN. Yes.

The CHAIRMAN. Well, they were locked up?

Mr. PHILBIN. Well, they were locked up as all patients are at these hospitals. They cannot leave the place at will. They are all under confinement.

Mr. KEARNEY. Those are what they call disturb cases.

Mr. PHILBIN. I do not know how they define them.

Mr. McQUEEN. Can you give us the date of this instance?

Mr. PHILBIN. I should say it was some time in September of last year when I visited that facility the first time.

Mr. McQUEEN. September of 1944?

Mr. PHILBIN. That is right.

Mr. McQUEEN. And you cannot give us a closer date than that?

Mr. PHILBIN. No. I did not make notes. I went around, as I presumed you gentlemen went around, to look over the facilities. I was under the expectation that your committee was going to look into conditions at all of these hospitals.

The CHAIRMAN. You were not there when the resolution was passed, were you?

Mr. PHILBIN. Not at Northport. It is way before I made my first speech in the House.

The CHAIRMAN. In other words, you had seen this man Lynch long before there was any movement at all toward any investigation.

Mr. PHILBIN. Yes; that is true.

Mr. PICKETT. Now, Mr. Philbin, you have made certain broad assertions that amount to charges of misfeasance and malfeasance and maltreatment of veterans.

Mr. PHILBIN. That is right.

Mr. PICKETT. Now, do you have personal knowledge of any of those charges that you make?

Mr. PHILBIN. Well, I have stated the extent of my personal knowledge. I have stated there was overcrowding.

Mr. PICKETT. That is the conclusion. Mr. Philbin, and not the statement of facts, and I am trying to get the statement of facts.

Mr. PHILBIN. Well, as I said before, anything that I would say would have to be hearsay, because I got this information through my own observation and through my conversation with patients and through their families and through a very large number of letters and a mass of correspondence that I have received on this matter.

Mr. PICKETT. Is this committee to understand then that every assertion and charge you made here and on the floor of the House is based upon the hearsay that you have just told us about, or do you have some personal knowledge that you can testify to yourself?

Mr. PHILBIN. Well, I—

Mr. PICKETT. Can you answer that question?

Mr. PHILBIN. Yes: I can. In my visits I have observed certain conditions that would not permit me perhaps to make categorical statements that the conditions were true but which satisfy me there was a basis for inquiry by this or some other committee.

Mr. PICKETT. Well, I want you to make certain categorical statements so we can get the evidence of the truth of these assertions.

Mr. PHILBIN. I will turn over, as I said, all of the information and evidence I have regarding this matter so that you can analyze it and take such action that you think it warrants.

Mr. PICKETT. I want you to tell the committee what you know of your own knowledge, and then we will take the rest of it up as a matter of hearsay.

This committee is interested in a solution of the difficulties if they exist. Now, I want you to tell the committee what you have personal knowledge of now.

Mr. PHILBIN. What I know of my own knowledge would be quite limited as compared to what I know by hearsay from letters and from talking with other people and from obtaining information that I think should be carefully investigated.

The CHAIRMAN. Mr. Philbin, we are going to have to adjourn until tomorrow morning at 10 o'clock, and I am going to ask you to turn those letters over to counsel and be back here tomorrow morning at 10 o'clock, if you please.

Mr. PHILBIN. Yes, sir.

(Whereupon, at 11:45 a. m., the committee adjourned until 10 a. m. on Wednesday, May 16, 1945.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

WEDNESDAY, MAY 16, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. The members will take their places.

On yesterday it was agreed that the counsel should take over the examination this morning. I am going to ask the members not to interrupt without his permission until he gets through, and then we are going to alternate with the members.

Also let me say this to the counsel for the committee and to the members of the committee and the press, that these letters that counsel has are from people many of whom are, as the record will show, I think, neuropsychiatric patients.

We are going to ask that the names be not put in the record or published in the press.

Now, Mr. Philbin very wisely withheld those names from the Congressional Record, and we do not care to come out and advertise that an individual is a mental patient or anything of that kind where it might injure him, but we do want to use the letters to check up on in order that we may know just how to evaluate their statements.

FURTHER STATEMENT BY HON. PHILIP J. PHILBIN

The CHAIRMAN. Mr. Philbin, do you desire to continue?

Mr. PHILBIN. I presume, Mr. Chairman, you have received word that I have turned over all the letters in my file concerning this matter.

The CHAIRMAN. Yes.

Mr. PHILBIN. Several hundred in number.

The CHAIRMAN. Yes. Thank you very much, Mr. Philbin.

Mr. McQUEEN. Mr. Chairman—Mr. Philbin, I am referring now to letters which I have taken from those left by you yesterday, particularly in the Record of March 24.

The one letter without a name or address you stated here that—

I have spent sufficient time in facilities to observe conditions there is the lack of executive and administrative ability. We need a complete independent investigation of veterans' and servicemen's affairs.

Then you refer to the same letter about a hospital——

Mr. PHILBIN. These are quotes from the letter?

Mr. McQUEEN. That is right.

In Pennsylvania:

Where dampness and fog make conditions unbearable for tubercular, arthritis, and asthma patients.

Another quotation from the same letter:

I know personally of cases where patients put in a call for a doctor at night and he never shows up under orders to the nurses not to disturb him, etc.

In this letter dated March 15, signed by a patient in a room in a at a veterans' hospital in New Mexico.

Did you know this patient personally?

Mr. PHILBIN. No; I did not, sir.

Mr. McQUEEN. You received this letter through the mail?

Mr. PHILBIN. Yes, that is right.

Mr. McQUEEN. Did you make any investigation of the charges which this man made?

Mr. PHILBIN. No.

Mr. McQUEEN. Do you recall the general purport of the letter as to his ideas of how a committee should be set up?

Mr. PHILBIN. No. Not specifically.

Mr. McQUEEN. Do you draw any conclusions from the letter as to what his main object was in becoming a member of this committee?

Mr. PHILBIN. No, I did not. I do not recall the particular letter. That is, I do not recall it in detail.

Mr. McQUEEN. Other than those quotations let me call your attention to this—among other things he says:

Keep a check on the activities and see that there is no stone unturned that would lead to a correction of many present-day evils existing in the executive departments of these hospitals.

Following the quote in the record:

I am a well educated man, a retired fire chief and am quite capable of making damn sure that any committee appointments to carry on this investigation will do the job in a thorough manner or else I would expose any efforts to cover up inefficiency or neglect, by articles in newspapers and so forth.

Now, did you get any impression that this gentleman would like to have a place on this committee, that that was the main part of that letter?

Mr. PHILBIN. No, I did not get that impression from it all. I regard it as a complaint. I think that ought to be investigated like all the others.

Mr. McQUEEN. Now, I ask you to refer to that part of that letter in which he states:

under no circumstances should the Congressmen of the particular congressional district or United States Senators of that senatorial district be allowed to carry on this investigation, for the simple reason that some time or another they have asked favors from the heads of these institutions.

Now, did you notice that part of the letter?

Mr. PHILBIN. No, I did not notice it. I presume it is here if you say so, Mr. McQueen, but I did not put any particular stress on that part of the letter.

I regarded this letter and all of these letters as in the nature of complaints, and the tenor of some of these letters of course would indicate that they come from persons who may be neuropsychiatric, nevertheless, I felt that they were complaints and that they ought to be investigated.

Mr. McQUEEN. You do not know the patient?

Mr. PHILBIN. No.

Mr. McQUEEN. You do not know his physical condition?

Mr. PHILBIN. No.

Mr. McQUEEN. You do not know the diagnosis of his case?

Mr. PHILBIN. No. I do not know anything about him.

Mr. McQUEEN. You do not know how old he is?

Mr. PHILBIN. No.

Mr. McQUEEN. You do not know whether he is a veteran of this war or the last war?

Mr. PHILBIN. No, except as it may appear in that letter there. I have no personal knowledge of it.

The CHAIRMAN. Leave the name off.

Mr. McQUEEN. I presume that the reporter will take care of that and number the letter.

The CHAIRMAN. You may introduce the letter. Just leave the name off.

(The letter, marked "Exhibit A," follows:)

ALBUQUERQUE, N. MEX., *March 15, 1945.*

Representative PHILIP J. PHILBIN.

DEAR SIR: You are to be congratulated for your effort to have an investigation of the present Veterans' Administration at Washington and this should include every veterans' hospital in the United States. Brig. Gen. G. T. Hines has outlived his usefulness as Administrator of that Bureau. The chaotic state of affairs existing in the Veterans' Bureau at Washington has been no one's fault but Hines himself. Capable, experienced employees were denied wage increases and the result was they sought employment otherwise. He has always played a penny-wise-and-pound-foolish attitude in his spending of moneys appropriated by the Congress and this brought to him pats on the back from such administration mouthpieces such as Rankin and May. Why are they making such an effort to prevent this investigation if there is nothing to be disclosed. I have spent sufficient time in these facilities to observe conditions that are the lack of executive and administrative ability on the part of the head of that particular hospital. I agree with you that we need a complete independent investigation into all phases of veterans' and servicemen's affairs.

Under no circumstances should Congressmen of the particular congressional district or United States Senators of that senatorial district be allowed to carry on an investigation, for the simple reason that sometime or other, they have asked favors from the heads of these institutions for one or more of their constituents. A real progressive head of a Veterans' Administration would advocate that all tubercular, arthritis, and asthma patients be placed in a hospital situated in a climate that would be favorable to their recovery. Why keep such patients in a hospital such as the one located at Aspinwall, Pa., where dampness and fog make conditions unbearable and all the medicine they might give them will never lead to their recovery. I transferred from that facility to this one located at Albuquerque, N. Mex., where I have improved 100 percent and all due to a fine climate, as I do not take or receive any medicine. The committee investigating into conditions existing in these hospitals should have on it a veteran who has spent considerable time in these institutions, because he knows a phase of this investigation that could very easily be overlooked and that is the conduct of doctors in their everyday discourse with patients. I know personally cases where the patient at night would put in a call for the officer of the day and he would never show up. The night nurses are under orders not to disturb them and if they should come their language is insulting.

Before I left Aspinwall, Pa., hospital they had about a hundred cases of ptomain poisoning due to eating stew that, in my estimation, was rotten. I tried to bring it to the attention of the local newspapers but they got no further than the front door. Between the medical personnel and head of the institution, this affair was squashed and not even an investigation was held. This is only one of the many angles that need investigated. The food up there became utterly repulsive to me. Now, down here the food is exceptionally good and appetizing and well-cooked. It should be the same everywhere, as they receive sufficient appropriations for the purchase of first-grade foods. I am not going to attempt to try and cover all the weaknesses of the present set-up, as it would involve too much writing, and still the situation could not be fully explained. If I can be of any service to you, I will gladly supply you with any information I possess. I sure would like to have the opportunity to question a lot of these doctors, and especially those that sit on the discharge board of these institutions. By all means, do your best to bust up that effort of Mays and Rankin to have these so-called inspections by Congressmen of veterans' hospitals in their districts, as their report will undoubtedly be favorable to Hines as they will not go any further than the front office.

The heads of our service organizations in Washington have placed themselves, in many instances, under obligation to the administration by getting relatives on the Government pay rolls, therefore, by all means, there should be an outside serviceman on that committee to keep check on its activities and see that they leave no stone unturned that would lead to a correction of many present-day evils existing in the executive departments of these hospitals. I am well educated, a retired fire chief, and quite capable of making damn sure that any committee appointed to carry on this investigation will do the job in a thorough manner or else I would expose any effort to cover up inefficiency or neglect, by articles in our newspapers. In my opinion Rankin is afraid of an impartial investigation as it will clearly show that the Veterans Administration at Washington needs a thorough cleaning out. Hines should be retired and a younger and more progressive man placed at its head. Well goodbye and God bless you for your interest in our affairs.

Mr. PHILBIN. Mr. Chairman, do I understand these letters that I have turned over to you are going to be reproduced in your record?

The CHAIRMAN. All except the names.

Mr. PHILBIN. That is what I mean. You are going to withhold the names.

The CHAIRMAN. I think it is better to withhold the names on account of the personal effect it would have on them. You are going to find that some of these writers are mental patients, and if the committee agrees with me—I would like to leave that up to the committee—but it just occurred to me that the best thing to do would be to leave the name out of the record.

Mr. PHILBIN. Well, that was my view of it.

The CHAIRMAN. Any objection to that? Otherwise we will proceed on that theory.

Mr. PHILBIN. And otherwise these letter are going to be produced in your record?

The CHAIRMAN. The ones that are introduced.

Mr. PHILBIN. But the balance—

The CHAIRMAN. I do not suppose we would publish all.

Mr. PHILBIN. In other words, you are going to pick out some of the letters?

The CHAIRMAN. I am going to leave that to the committee. What hospital did you say that letter is from?

Mr. McQUEEN. It is from Albuquerque, N. Mex. I did not give the hospital and room number, for the reason you did not want that. It is from the U. S. Veterans' Hospital at Albuquerque, N. Mex.

The CHAIRMAN. Yes. You said it was from New Mexico.

Mr. McQUEEN. Now, Mr. Philbin, do you recall a letter from a gentleman in your State in which he complained that they did not have the facilities for treating emergency cases, as he called his case, a part of which you quoted in the record on the 24th? Do you recall that?

Mr. PHILBIN. Yes; I recall this letter.

Mr. McQUEEN. Do you know that gentleman?

Mr. PHILBIN. No; I do not know any of these gentlemen in these letters. I do not know any of these gentlemen who sent these letters.

Mr. McQUEEN. Did you make any effort to investigate anything about his service or about his physical condition or otherwise?

Mr. PHILBIN. No.

Mr. McQUEEN. Do you know whether or not he is an NP case?

Mr. PHILBIN. No; I do not.

Mr. McQUEEN. I wish to introduce, Mr. Chairman, the letter, in the record, withholding the name as you have instructed.

The CHAIRMAN. All right, without objection, so ordered.

(The letter, exhibit B, follows:)

EXHIBIT B

MARCH 13, 1945.

Congressman PHILBIN,
House of Representatives,
Washington, D. C.

DEAR CONGRESSMAN: I have sent you this letter in the hopes that I can have you assist me and other veterans from receiving the run-around from the Veterans' Administration.

I entered the service May 16, 1941, at Boston, Mass., was discharged on July 17, 1943, at the Lockbourne Army Airbase in Columbus, Ohio. The discharge was a C. D. D. for bronchiectasis of the lungs. I was told by the Army doctors there that if I went home and led a normal life that I would be all right.

My sister was visiting Dr. O'Brien a few months after I was discharged from the service, and happened to mention to him that I had been discharged for lung trouble. At that time he was on the staff of Dr. Overholt (who is a lung specialist), so he made arrangements for me to see Dr. Overholt.

Dr. Overholt confirmed the Army diagnosis and made arrangements for me to enter the Deaconess Hospital in November 1943, to do a bronchoscopy to ascertain what could be done for me. They decided that a left lower lobectomy should be done.

I went to see Dr. Leader at the Veterans' Bureau and told him what Dr. Overholt advised me to have done. He asked me why I had not gone and seen the Veterans' doctors and I told him that until I had gone to see Dr. Overholt I hadn't known that anything needed to be done. Dr. Leader said that I would have to pay for the operation myself, but that my case was evidently more serious than what the adjudication board thought and that they would adjust my compensation. (Which hasn't been done yet.)

Later I was told by a member of the American Legion of Brockton to go and see Dr. McNamara, as he was the veterans doctor in Brockton and was appointed from Washington so could advise me.

I visited Dr. McNamara with my mother 2 weeks before I was operated on, and told him all the facts of my case. He told my mother and me that there was a way that I could get the Veterans' Bureau to pay my bills. He told me to have the bills kept down through Dr. O'Brien and to go see him when I got out of the hospital. He also told my mother that others had operations outside of veterans' hospitals and he didn't see why I couldn't have it done.

I entered the Deaconess Hospital January 3, 1944, and a left lower lobectomy was performed by Dr. Overholt.

After my operation, I went to see Dr. McNamara and asked him about my bills. He said that I should write to Congressman Wigglesworth or some other Member of Congress. He then examined me and then said that he would have the Veterans' Bureau send me some vitamin pills, rubbing alcohol, and some pills for

my heart. As I had been told only a short time before that my heart was perfect I have never used the pills and still have them. He also told me that I should visit him about once a month so that I would be on the list of patients receiving treatment, otherwise the Veterans' Bureau would probably say that I was better if I wasn't getting treatment and lower my compensation.

I made visits out to the West Roxbury Veterans' Hospital. There I was told by Dr. Dalton that they would treat me. Yet when I went out there on the advice of Dr. Overholt to be fluoroscoped they told me that they did not have the facilities to treat me. But they did take an X-ray. Later I made another visit out there and told Dr. Shahan that Dr. Overholt had told me that eventually I might need an operation on my right lung. He said that they did not have a chest doctor there and that I should get a letter from Dr. Overholt stating what should be done and then they would probably send me to the Bronx, New York, for the operation. (In other words I would have to pay Dr. Overholt to tell them what to do for me.) Later on I visited the Veterans' Bureau in downtown Boston and was told the same thing by Dr. Sorkis. On my next visit Dr. Overholt told me that my condition was fairly good at that time and he thought the operation should be deferred for the time being.

However, about January 12 this year I started to run temperatures over a hundred day and night. Dr. Petty, of Brockton, was called in to treat me; he gave me sulfa tablets to knock down the fever but they were ineffective, so he called Dr. Overholt and they decided that I should enter the Deaconess Hospital right off. An operation was performed removing the middle lobe of my right lung.

Later, during a visit to Dr. Overholt's office, he informed me that Dr. Dalton of the West Roxbury Veterans' Bureau had spoken to him about doing lung surgery there, but that he had to turn the request down, though he did agree to be a consultant for them.

Dr. Dalton later admitted to a member of the VFW who was representing me that they did not have a chest doctor there and could not have handled my case.

I was under the impression that the Veterans' Bureau did pay for emergency operations that were service-connected, but was informed by the Veterans' Bureau that they have to receive notice within 24 hours of the time the patient enters the hospital. I did not know that and I presume that Dr. Overholt or Dr. Petty didn't, either. They told me at the Veterans' Bureau that the bills for this last operation would be paid by them if Dr. Dalton would approve them. He said that he didn't have the authority to approve them and that it would have to come from Washington, though the fact is that if the Veterans' Bureau had been notified right off they would have paid the bills.

I know that you can realize that it has cost me a lot of money for the two operations, and frankly I can't afford to pay for medical treatment as I am unable to work most of the time. I don't mind so much what it cost me for the first operation because I realize that it's too late to do anything about that one now. But because this second one was definitely an emergency I do think that I should not have to pay for it. Incidentally, I have been told by Dr. Overholt that in time it might be necessary to have another operation on my left lung. I would like to know what the procedure would be if I have to have it done. I doubt of the Veterans' Bureau would tell me the right way.

Knowing your interest in the welfare of veterans, I think that you would be interested to know that while I was in the Deaconess Hospital this last time I met other veterans in there receiving treatment for service-connected disabilities. Even a few of the nurses commented on the number.

I also have been having trouble in regards to my service insurance. I have sent quite a few letters inquiring about it; I received a reply from them last November. At that time they said that the Veterans' Administration had no official notification at that date of discontinuance of the service pay allotments from the Army Finance, so at that time they could not tell me the status of my account. It seems to me that they should know by now as I have been out of service about a year and a half. As I can't get insurance with an outside concern because of my condition you can see how important it is to me.

Respectfully yours,

Mr. McQUEEN. Now, Mr. Philbin, here is a letter or an affidavit from a resident of Washington, D. C., who states that he was a patient in St. Elizabeths Hospital, lived there close to your office.

Did you make any investigation of this letter, some of which is very obscene?

Mr. PHILBIN. No, I did not make any independent investigation of this letter.

Mr. McQUEEN. Do you notice that the man lives here in Washington?

Mr. PHILBIN. Apparently, as the letter is sent from Washington.

Mr. McQUEEN. And he stated his home was in Washington.

Did you receive any other—do you recall now whether or not you received other communications from this same man?

Mr. PHILBIN. Well, I do recall offhand that I have. Perhaps I have.

Mr. McQUEEN. I might say this, the chairman of this committee has received a letter of some twenty-odd pages in longhand from the same man, part of which is written on Statler stationery, part of which is written on plain paper, part on Hotel Raleigh stationery.

Could you detect in either that affidavit or this lengthy epistle anything that would indicate this patient was not exactly normal?

Mr. PHILBIN. I think you could fairly assume from the letter that the man might not be exactly normal, but the charges he made were very serious and I think that they warrant investigation.

Mr. McQUEEN. Well, I will ask you to look at the exhibit and ask you, if boiled down, the main complaint is that—

The barbers shaved me with a dull blade and hacked my face to pieces when I refused to be shaved every day.

Is that the general purport of that affidavit?

Mr. PHILBIN. Do you mean this lengthy letter?

Mr. McQUEEN. Yes; and also the affidavit which I handed you.

Mr. PHILBIN. I think that is one of the allegations. But there are others here:

that the attendants at such and such a place handled me so rough that they caused me to be ruptured, they injured my ribs, my arms and legs, and my kidneys on account of the rough treatment gave me a lot of trouble.

That seems to be from someone who was somewhat upset.

They indicate to me such serious charges that I thought that ought to be looked into.

Mr. McQUEEN. I wish to introduce the letter without the name.

(The letter, exhibit C, follows:)

EXHIBIT C

Congressman PHILBIN: Am sending you by letter the number of injuries and just what injuries they are that I received by the doctor in charge of ward 12, Dr. Caborlisk, and by the attendants and barbers. The doctor in charge of ward 12 used the largest tube that he could find to tube me with, he shoved the tube down my nose and throat in such a rough manner that he caused something to be ruptured. I passed blood for 3 days. It caused me to become anemic. He used about 6 different kinds of poison drugs. The tubing and the poison drugs very nearly caused me to lose my eyesight. I just got back to Washington in time to get an eye specialist, Dr. Oscar Wilkinson, 1408 Eye Street NW. There were about 4 big, husky attendants who sat down on different parts of my body. They injured my ribs, my arms, and legs; they left very large black-and-blue marks on my body; one attendant lifted me up by my head and carried me quite a distance by my head. It caused something to crack in my neck near the adams apple. The doctor and attendants and nurses made a regular laughing stock of the affair. When the doctor tubed me he jammed the tube down my nose and throat in such a rough manner that I thought I would die from the effects of the rough treatment. He just laughed over the affair and caused the other patients to be scared and nervous. He put so much poison drugs down me that it would run out of my eyes, nose, and mouth and caused my

eyes to smart and formed matter in my eyes. I had to wipe the matter from my eyes. The attendants in charge of the tubes and where they rolled one up in wet sheets one of them carried me by the head the whole length of the hall and caused my neck to be injured. They put me in a tub of cold water 3 days straight. They just left my nose out of the water. They kept me in the tub 5 hours. I thought they would drown me. They would shove my head under the water once in a while. The doctor would tube me when I was in the tub. They put me in cold sheets and kept me there for a number of hours. One attendant threw ice water all over my head and face.

The barbers shaved me with a dull blade and backed my face all to pieces. When I refused to be shaved three or four attendants would drag me and throw me into the chair to be shaved. They injured my kidneys and ribs.

At night either the doctor or nurse or attendant would put some kind of liquid either in my nose or mouth after I had gone to sleep. There was such a bad odor that came from the liquid that it made the other patients sick, such a terrible taste. When I first went to Perry Point Dr. Torrey had the attendant put some kind of dope in two glasses of milk and the jelly that they gave me for a lunch. The two attendants that took me from St. Elizabeths Hospital to Perry Point. They told me that they were going to put me in the powerhouse and burn me up. I received the same rough treatment at St. Elizabeths Hospital. The attendants told me they were going to burn me up. When they put me in the tub of water at Perry Point I told the attendant I had to go to the toilet; they wouldn't let me go; they told me to go ahead and do same in the tub. I did both 1 and 2. When I went down to where the other patients were they couldn't stay near me for the odor after lying in the tub that had No. 1 and 2 in it. When I was Perry Point 2 years they gave me the same rough treatment. They had an investigation but everybody lied out of it. The barbers every time they shaved me told me when I got back to Washington to go over to Congress and tell them how roughly they used me when they shaved me. When I sit down any length of time when I go to get up my legs give way on me from my knees down. My knees also give me pain. This was all caused from rough treatment that I had received.

The statements that I have given in this letter are true.

At the present time am paying money for treatment for my eyes and body. Am getting treatment for my eyes and body. Am getting treatments at the Washington Sanitarium for my body and treatment for my eyes at 1405 I Street NW.

Yours respectfully,

P. S. The attendants at Perry Point handled me so rough they caused me to be ruptured. My back, arms, legs, kidneys, and rupture are on account of rough treatment giving me a lot of trouble. I refused to eat the food at Perry Point because it wasn't fit for a dog to eat. That is the reason they tubed me. Am uncertain if I will be able to work, account of the rough treatment I received while a patient at Perry Point Hospital. My arms, legs, back, kidneys, and rupture are giving me a lot of trouble. Am just about able to move around.

An attendant by the name of Seagrave told one of the nurses that every time he saw me he felt like punching me in the nose account of the investigation I caused.

Subscribed and sworn to this 7th day of March 1945.

_____, Notary Public, District of Columbia.

Mr. McQUEEN. You do not know the patient?

Mr. PHILBIN. No, I do not know the patient.

Mr. McQUEEN. I wish to introduce this photostat of letter of some twenty-odd pages.

(The photostat, exhibit D, follows:)

EXHIBIT D

WASHINGTON, D. C., March 30, 1945.

Mr. FARR.

DEAR SIR: Last July 1944, I was in such a depressed, worried, and nervous condition I left my home—639 Maryland Avenue NE.—one morning about 4 o'clock. I was wandering out Benning Road, near the first bridge. The police picked me

up and sent me to Gallinger Hospital. After being there 2 days they transferred me to St. Elizabeths Hospital. I was a patient there 2 months. While a patient there I refused to eat the food, so they forced me to eat. They also tubed me. While forcing me to eat they used such rough methods they caused me to be ruptured on one side. They broke one of my ribs, injured my knee caps, my feet, and pulled my hair out by the roots.

After being there 2 months, they had me sent to Perry Point, Md., a veterans' hospital. Two attendants came to St. Elizabeths Hospital from Perry Point. They put cuffs on me. They told me they were going to put me in the powerhouse at Perry Point and burn me up. The attendants at St. Elizabeths told me the same thing. While a patient at Perry Point they forced me to eat there. It was forceful feeding at both hospitals.

While tubing me at Perry Point, the doctor in charge of ward 12, Dr. Covelesky, used the largest tube he could find. In injecting the tube down my nose and throat, it caused me to lose the sense of smell and ruptured something down in my throat or stomach or lungs and caused me to pass blood out through the urine for 3 days. I lost nearly all the blood in my body. I showed the blood in the toilet bowl to an attendant by the name of Dickinson. The attendants' names who caused all the injuries I received at Perry Point, their names are Cole, Vaught, Wickinheimer, Surety, five colored soldiers—I don't know their names—one white attendant—I forget his name—one of the nurses who helped to tube me—her name is Miss Connors. There were three other nurses, but I have forgotten their names. They caused me to be ruptured on the other side. They injured my back, arms, legs, kidneys, my neck, and injured my hips and my insides, as I pass blood out through the rectum. The barbers when they shaved me, they left a dull blade in the razor and hacked my face in such a way that blood ran out all over my face and towel and clothes.

While asleep at night one of the doctors would come to the ward where I was a patient and inject some sort of foul-smelling liquid down my throat, in through my mouth. It was such foul smelling that when I expectorated in the toilet it made the other patients sick. They couldn't stay near me or sleep in the beds next to me the odor from it was foul smelling. The first time that they put it in my mouth I had to rush into the toilet to clear my throat. It was such a strong substance that it caused me to almost strangle to death. Attendants Hopkins and Jeff Walden told me that they would continue to inject it in my mouth as long as I refused to eat. Dr. Covelesky, he always liked an audience. He and the attendants and nurses and patients would laugh in glee. Many times the doctor tried to jam the tube down my windpipe and lungs; he said it didn't make any difference. Instead of tubing me with liquid food they tubed me with foul-smelling, very bad-tasting drugs.

The food or water wasn't fit to take at either hospital. The water was full of some kind of foul smelling and tasting stuff. The liquid they injected in my mouth at night it caused thick matter to run out of my eyes. Also a fiery liquid it smarted like fire. I had to holler with pain. They wouldn't let me see a nurse to get relief. It caused me to very near lose my eye sight. My eye sight was very nearly gone when I arrived home the 8th of January. I called my family doctor. He examined me and he told me that my whole nervous system was shot. I had a complete check-up by Dr. H. G. Hadley, 1252 Sixth Street SW. I have been getting my eyes treated by Dr. Oscar Wilkinson, 1408 S Street NW. since January 30. He saved my eyesight for me. Before I left the hospital the eye doctor there examined my eyes my vision then was 20/100. Now it is better than normal with glasses. On the 8th of this month I got a letter from the assistant medical director at the Veterans' Administration. The letter was addressed to Dr. Clarke, the manager at Perry Point. The letter read like this:

"Mr. Armour is coming to your facility today to determine if you will recommend his discharge from Perry Point."

After waiting around for 2 hours Dr. Covelesky came to me and asked me some questions. He told me that I was annoying some people down in Washington. I told him that I did not. He asked me if I would like to eat my lunch there. He took me up to one of the wards and told the attendant to keep me there.

I am a ruined man for life; ruptured on both sides; when I cough my whole insides hurt me, they pain me so badly my back is giving me lots of trouble; my ruptures also. I have to wear a truss. One smart like fire when I go upstairs. My kneecaps pain me so badly and if I walk very far my feet hurt me. I have to keep them bandaged. I will have to get myself a cane that when I go upstairs

or do any walking it will help to relieve the strain. The truss will help to keep the ruptures from developing.

I have tried to get in some hospital for treatment, but I haven't the funds; I haven't earned a penny for over a year; I have gone hungry because of Veterans' Administration have been sending all my pension checks to Perry Point hospital. Now yesterday there was three full months due me—\$225—but they sent the check to Perry Point. I don't ever intend to go there or any other veterans' hospital. I wouldn't enter one for \$1,000,000 a day. Mr. Farr for the past year I am positive of the fact that if anybody on this earth has experienced being in hell I have. I thought I was actually in hell when I was in St. Elizabeths and Perry Point. I thought the attendants and doctors and nurses at both hospitals were devils waiting on me.

At the present time my whole body is racked and pains me from the top of my head to the bottom of my feet; when I go up the steps my knee caps pain me in such a manner that I have to stop several times. When I sit down in the tub to take a bath I can hardly get out on account of the pain in my stomach, my back, my hips, my knee caps, my feet; they injured my neck at Perry Point by lifting me by my head. When I swallow I have to drink water to help wash the food down, for 3 days straight they put me in a tub of water up to my nose, they tubed me while in that condition. I had to go to the lavatory to do Nos. 1 and 2, they refused to let me go, they told me to do it in the tub which I did. I laid in that filth for 5 hours, the odor was so terrible on my body and in the pores of my skin that it made the other patients sick, it stayed on my body for weeks—the odor stayed on my body for weeks.

Mr. Farr, when I came from my mother's womb I was under the impression that I was a human being when while a patient at the two hospitals I thought I had turned into a wild animal or a rattlesnake. Only God knows what I went through for over a year. I give Him the credit for me being here today to tell you my story. I feel that I will get justice through Congress. My attorney is acting as my administrator; he is handling my case. I was a patient at Perry Point before the month of December 1942, also the month of January. While a patient there then it was forceful feeding, they would jam a large spoon between my teeth to make me open my mouth; they broke my teeth off and injured me otherwise. When I went out this time they took spite out on me and caused me these many injuries.

When they injected that foul-smelling stuff in my mouth this time it caused my teeth to rot also and my gums to pain me very badly. At times I could hardly eat. So far I have had two teeth pulled out and another one rotting now, I have to have filled. So far it has cost me \$225 for dentists' fees, doctors' fees and for treatments. A truss will cost me \$17.50 and much money for treatments. I have to get special treatments at the YMCA and the turkish bath place. I had better put in an expense bill for \$300.

I have been trying through the Veterans' Administration here in Washington to have them send my checks to my home but they have refused to comply. They have been sending all my checks to Perry Point. The 1st of April, that's today, I have \$750 due me but will say that out of the 10 checks due me they have given me \$291.74. Now yesterday there was three full months due me, \$225, but they sent that to Perry Point—all done through spite work—because when I was at Perry Point before I caused an investigation through Congress but Congressman Rankin had it squashed. He is going to do the same thing this time.

You read it in the papers yesterday. I had to pawn my two watches so that I could pay for a place to lay my weary body and to buy food but they refuse to send my checks to me. Mr. Farr, in my opinion, they need all new personnel at both hospitals. Well, Mr. Farr, I hope that your Senator will see that I get justice through Congress. What I have said on these pages is the truth so help me God. Thanks for past favors.

I remain, yours respectfully,

The Veterans' Administration at Perry Point have been deducting \$55 per month from my pension for room and board and I haven't been there since the 8th of January. After I arrived home from Perry Point on the 8th of January I call my family doctor. He examined me and told me that my nervous system was shot to pieces. He prescribed a tonic. My feet and ankles were very much swollen. When I bend over I become so dizzy I nearly fall over.

WASHINGTON 4, D. C.

MR. FARR: The Veterans' Administration have positively refused to send me my pension checks to my address. They have been sending all of them to Perry Point. I had to pawn my two watches yesterday to tide me over until I get my checks.

I tried to be admitted to the Washington Sanitarium for treatments, but they refused me admittance. I even made arrangements with the Veterans Administration to have all my pension checks sent to the Washington Sanitarium in care of the credit manager. All he had to do was to deduct the amount due the sanitarium. The manager and credit manager refused me to even get treatments in the men's baths. The Doctors Hospital refused the same thing the head doctor there told me to go to a veteran's hospital.

I tried to get in the Emergency Hospital; the night supervisor, the attendants, and nurses they tried to make a monkey and fool out of me they refused me admittance there they told me the only way I could be admitted was through a doctor who had priveleges there.

Today I was feeling very badly sick all over my body from the injuries I received at both Hospitals I tried to get treatments at the Wash. San. Annex, 1252 Sixth Street SW. Dr. H. G. Hadley is the director. When I started to tell him my troubles he ignored me in the worst manner. He kept talking to one of the nurses there. I was terribly in need of treatments. The two nurses who call the people in in their turn called many people in ahead of me. They stuck up their noses and scowled all over their faces at me. There I was in terrible pain and couldn't get treated I need to wear a truss and carry a cane to help me get around. But no funds as they are sending all my checks to Perry Point.

When I cough my whole insides and ruptures pain me very badly.

On the 8th of March of this year I received a letter from the Assistant Medical Director of the Veterans' Administration here in Washington. The letter was addressed to Dr. Clark the manager at Perry Point. The letter read like this.

"Mr. Armour is coming to your facility today to determine if you will recommend his discharge from Perry Point. They held me prisoner there 6 days as they are afraid of me. I am a key witness for the investigation which has already started. At the end of 6 days they had a big dance at the recreation hall. Thirteen of us from ward 7 went over. Three of us ran away—the other two went back. I caught a ride into Washington. I was afraid to stay there. I didn't know what their intentions were as I was out on a 90-day leave. They have me AWOL from Perry Point but I am still on a 90-day leave. I actually believe they really tried to destroy my eyesight and I think if they thought they could get away with it, I believe they would have put me out of business. The statements I have made in this letter are true—sworn to and notarized. It was either Dr. Baird or the chief attorney phone to Perry Point to hold me there because a doctor came to me and told me that I was annoying people in Washington.

At Perry Point Hospital they punctured my stomach, my intestines, my lungs. I need a truss and a case. They injured my neck by picking me up by my head. When I go to swallow my food it sticks in my throat. I have to wash it down with water.

P. S. The attendants' names who are in charge of the tubs at Perry Point are Seagrave and Haggerman. I have forgotten the name of the other attendant. I do not know the names of the doctors or attendants or nurses at St. Elizabeths. I was there in July and half of August.

MR. PHILBIN. Of course, I have never seen that letter before. That was a letter that was sent to the chairman here.

MR. MCQUEEN. Yes.

MR. AUCHINCLOSS. May I ask what hospital?

MR. MCQUEEN. St. Elizabeths.

MR. AUCHINCLOSS. St. Elizabeths?

MR. MCQUEEN. Yes. Now, Mr. Philbin, in another place in the record you make a report here from the State of Missouri, and this was taken from the letter [reading]:

I am a permanent and totally disabled veteran and have been to the veterans' hospital for treatment and examination, and all I have ever got was a push in the face.

I have been under a doctor's care all the time.

I have seven gun-shot wounds and many other things wrong. I have four decorations, and though I have tried every way, at present I have to live on relief. You can investigate me at any place in my home town.

Now, this letter was addressed to Mr. Bin, Phil Bin.

You received this letter from Missouri through the mail in the ordinary course?

Mr. PHILBIN. Yes. Apparently.

Mr. SCRIVNER. My Chairman, will the counsel give the dates on the letters?

Mr. McQUEEN. This letter is dated March 13, 1945. I will withhold the name of the city and the name of the man.

Now, in reading this letter other than the quotations which are in there, I want to call your attention to the fact that he said—

I have four decorations, and if the truth was known I probably would have a dozen more coming. You can investigate that also.

Now, in other places he states he has been under a doctor's care since 1938, has been bedfast for 3 years, two thirds of the time under a doctor's care. At present he is bedfast.

He states in the letter he has seven gun-shot wounds, contusion of the right hip, heart trouble, kidney trouble.

It looks like "measles," blood clot on the left side of his brain, left lung affected, nerve disorders, ruptured eardrum, "and I have pleaded with the Veterans' Administration at Washington for help."

Now, that is in the same letter from which you quoted this things, Mr. Philbin.

Now, you have never seen this man, of course, from Missouri?

Mr. PHILBIN. No; I have never seen any of these men.

Mr. McQUEEN. Did you communicate with him?

Mr. PHILBIN. No; I did not.

Mr. McQUEEN. You know he is a veteran of the First World War?

Mr. PHILBIN. From his letter it would so indicate.

Mr. McQUEEN. And you do not know what his rating is?

Mr. PHILBIN. No.

Mr. McQUEEN. You do not know what his physical condition is?

Mr. PHILBIN. No.

Mr. McQUEEN. You do not know what hospitals he has been confined in?

Mr. PHILBIN. No.

Mr. McQUEEN. And you have taken this letter as a letter which you think should come before this committee for investigation of Veterans' Affairs, based on such writing as that?

Mr. PHILBIN. I think all these letters should be inquired into.

Mr. McQUEEN. I will ask that this be introduced less the name and address.

The CHAIRMAN. All right.

(The letter, exhibit E, follows:)

EXHIBIT E

PARIS, Mo., March 13, 1945.

HON. REPRESENTATIVE PHILBIN: I noticed by the St. Louis (Mo.) Globe-Democrat, March 12, that you was one of the committee investigate the World War I as to the treatment of the veterans, I have been permant and total disable since

1938 and I have been to the veterans hospitals for treatment and examination and all I have ever got was a push in the face.

I have been under a doctor's care since 1938, and have been bedfast two-thirds of the time, and under the doctor's care all the time, and at present I am bedfast and have been for the past 5 months. I have seven gunshot wounds, contusion of the right hip, heart trouble, kidney trouble, Ménière's disease, blood clot on left side of brain, left lung infected, nerve disorder, ruptured ear drum, and I have pleaded with the Veterans' Administration at Washington and elsewhere for help for pension and compensation and cannot get anything.

I have four decorations and, if the truth was known, I probably will have a half dozen more coming. You can investigate through probation attorney, social-security office or Dr. Elbert Baker, M. D., Paris, Mo., Monroe County. I have tried every way and at present I have to live on relief. I am down and don't know what to do. Will you please answer. If you do look into this matter, do it in a way that it won't cause me any more grief than I have already got, but please answer and I will know that you got my letter.

Yours truly,

P. S. You can investigate me any place in Paris, Mo., Monroe County.

Mr. McQUEEN. Now, Mr. Philbin, another letter from ——— that you quote as coming from a discharged lieutenant of the Army serving in Alaska which is some 12 or 14 pages long; he is still in an Army hospital or Navy hospital and not a Veterans' Administration hospital.

Is that right?

Mr. PHILBIN. That is true.

Mr. McQUEEN. And any complaints he made in that letter had nothing whatever to do with the Veterans' Administration or this investigation?

Mr. PHILBIN. That is true.

Mr. McQUEEN. That letter is dated at Baltimore, Md., on March 14. Did you try to communicate with this man?

Mr. PHILBIN. No.

Mr. McQUEEN. You do not know anything about his physical condition or mental condition or otherwise?

Mr. PHILBIN. No.

Mr. McQUEEN. I ask that be introduced less the name.

The CHAIRMAN. Do you think these letters with reference to Army and Navy hospitals and not with reference to veterans' hospitals should be included in the record, Mr. McQueen?

Mr. McQUEEN. Well, I think in this instance, Mr. Chairman, those letters should go in. Those charges have been made.

They have nothing to do as I understand it with the investigation you are making but the charge is made here and the assumption is I think that it is a Veterans' Administration.

It pertains to a soldier but not even a discharged soldier.

The CHAIRMAN. The point in my mind is whether it would not be better just to call attention to the fact that the man is not in a veterans' hospital, without using this committee as a sounding board to publicize a hospital over which we have no jurisdiction.

That is the way it seems to me.

Mr. HUBER. Have excerpts from that letter been included in the Congressional Record?

Mr. McQUEEN. Yes.

Mr. GREEN. When you, Mr. Philbin, put that in, you asked for an investigation of all hospitals?

Mr. PHILBIN. Yes.

The CHAIRMAN. I have no objection so far as I am concerned.

Mr. PHILBIN. This does relate to the veterans' investigation.

Mr. GREEN. If it relates to this investigation, Mr. Chairman, I think it should be in the record.

(The letter, exhibit F, follows:)

EXHIBIT F

MARCH 14, 1945.

Re Navy not Veterans' Administration hospitals.

Representative P. J. PHILBIN,

House of Representatives, Washington, D. C.

DEAR MR. PHILBIN: It was recently brought to my attention that you have been conducting an investigation of our Federal hospitals. I don't know if you are interested in Army and Navy hospitals or only veterans' hospitals, but nevertheless I have great hopes that you will be able to offer some solution to my case.

If is a very extraordinary one, and I wouldn't blame you or anyone else who doesn't know me, if you didn't believe it, since only officers who know me well do.

In December 1943 I was graduated from Pensacola and designated a naval aviator. After taking operational at Jacksonville I was sent to the Aleutians with a PV outfit. I was quite happy with this assignment and as far as I know the skipper was pleased with it.

We had only been in that region a short time when I caught a terrific cold from hiking around in that Aleutian mud. The flight surgeon gave me some medicine and a benzedrene inhaler which I was to use to keep my head open. I had never used an inhaler before and didn't know what their reaction was or that there was a limit to the use of them. (This I found out much later and too late to help my case.) The result was that for a period of several days I got practically no sleep.

Condition and despair turned again to the flight surgeon for relief. He put me in sick bay and gave me phenol barbital and sodium mentbutal but it had little effect as I quite innocently kept using the inhaler he had previously given me. After several days of this I still didn't get much sleep so he decided I had a case of psychoneurosis and sent me back to Seattle to the naval hospital for treatment. He sent me alone and unattended to the States via C-54. He didn't think it was a particularly bad case and said I'd be back with the outfit in a few weeks.

I went from Attu to Adak and stayed overnight there at the transient officers' quarters. I took time that night to go over to the Loran School, where I had a few months earlier been checked out, and visit with the instructors there. Also at Kodiak I talked to Lieutenant June (Lieutenant June of the Byrd Expedition). All of these men will be able to vouch for my mental condition at that time.

At Seattle all went well for a few days and was quite as pleasant as hospitals can be. The effect of the benzedrene wore off and the hydrotherapy took its effect and I slept fine. Then at noon of the fourth day I was taken from my room to the other end of the hospital on the excuse that the doctor had ordered another hydro treatment for me. When we got down there however I was thrown into a small cell and locked up. I can't even begin to tell you how surprised I was right then. No explanation for this action was ever given and the doctor refused to see me when I sent a corpsman for him.

In the cell next to mine was a veteran of World War I who had become quite a liquor addict. This poor devil died screaming during the night after several corpsmen and a doctor tried to quiet him with a needle and evidently blundered. I tried to get letters out to people I knew who might possibly swing enough power to get me out. Each of these letters were intercepted except for one to an old friend of the family who didn't believe it I guess. So I stayed right there in a cell for all of 2 weeks. I don't have to tell you how scared I was of that doctor, too.

Early in June I was driven to the Sand Point Naval Air Station and flown to Alameda and from there taken to the Mare Island Hospital. I didn't see anyone I knew while at Sand Point, thank heaven, as it was embarrassing enough to be treated like a maniac by strangers.

At Mare Island I was transferred for a short time to a place called the Napa Annex. There were all of 100 of us in one large room. Everything from com-

manders on down to colored mess cooks. Rank didn't mean a thing then and the more mentally inhuman they could treat us the happier they were.

The only time I ever saw a doctor to talk to was after I had been there nearly a week. He called me into his office one morning and asked me first, how I liked it there and second what I thought of several of the other patients there. I didn't know many of them, but those I did were pleasant enough except they all worried about being court-martialed. I asked him when I could be sent to S. O. Q., but he then said he was too busy to talk further and dismissed me.

Next I knew I was on a list with a number of other officers and transferred to Bethesda. It was here that I was able to talk to a doctor and find out what it was all about. He couldn't take much stock in it as I was pretty much run down by then with the 5 weeks of hell on the west coast. My discharge was made effective in October and I have been afraid to open my mouth to anyone until now about this terrible error on the part of someone on Attu.

It seems that according to my medical history I supposedly came to the doctor complaining of having dead people visit me. This is certainly not true and I swear by heaven I had only a cold and an overdose of benzedrine. If that's enough to give me a discharge for then something is screwy.

I went to an Annapolis prep school in San Diego before the war. Was sick when my first appointment came up and could not take the exam. The following year I received another, but waived it after the examinations in order to go into flight training and into the fight in hurry. Now because some one blundered somewhere I am being kept out of the war altogether. I want more than anything in this world to be back into action combat flying with the rest of my class.

Any number of my fellow officers are quite willing to testify as to my character and my actions. They, like myself, don't understand it at all.

I am living, for the time being, at 7415 Old Harford Road, Baltimore, so if you would like to know more about this case I would be only too happy to run over to Washington and discuss it with you.

Thanking you for every consideration, I remain,

Respectfully,

Mrs. ROGERS. Mr. Chairman, Mr. Philbin, good morning. Did you take up any of these complaints with the Veterans' Administration?

Mr. PHILBIN. No. I simply took the position that serious charges are made which I thought ought to be looked into by Congress. I did not take it up with the Veterans' Administration.

The CHAIRMAN. I am going to ask the members to wait until we get through with counsel.

Mr. McQUEEN. Now, Mr. Philbin, you have a letter from Chicago in which a man who obviously is not a veteran states that—

My brother came home on February 7, 1945, and since then has not received any money that is due him. In fact, when he was leaving the hospital—out in the Middle West—he did not have money for train fare. Not 1 cent in his pocket.

Did you try to communicate with this man and find out whether he had received his mustering-out pay, and whether or not he had been confined to a veterans' hospital?

Mr. PHILBIN. Yes; I sent a wire to the family of that man to find out whether he had received mustering-out pay.

Mr. McQUEEN. What was the result?

Mr. PHILBIN. I got no reply.

Mr. McQUEEN. No reply?

Mr. PHILBIN. No reply whatever.

Mr. McQUEEN. It is perfectly obvious that this man had not been transferred to the Veterans' Administration at the time this letter was written, which was undated, is it not?

Mr. PHILBIN. Yes.

Mr. McQUEEN. And, of course, the mustering-out pay is paid by the Army and not the Veterans' Administration.

Mr. PHILBIN. That is true.

Mr. McQUEEN. I would like to introduce that letter.

The CHAIRMAN. Without objection, so ordered.

(The letter, exhibit G, follows:)

EXHIBIT G

DEAR REPRESENTATIVE PHILBIN: I probably should write to our own representative about what I'm going to write but I thought it would be better if I wrote to you, sir, as I read in the papers that you're going to look into the neglect of returning vets, which is a very excellent idea. All kinds of plans are being made for the vets, but as soon as they return they have to go to plenty of trouble to receive their rights. Such is the case of my brother.

My brother was in the service of the United States Army 3½ years, out of which he was 29 months overseas. He was sent to the States back in November 1944 to the Schick General Hospital in Iowa for a nervous disorder. He was there for about 2½ months and then transferred to Danville Hospital in Iowa, he was there for about a week. He didn't belong there and he wanted to be released so we—that is, I, his sister—signed for his release. He came home on February 7, 1945, and since then he hasn't received any money that's due him; in fact, when he was leaving the hospital he didn't have any money for train fare—not one cent in his pockets. He waited more than 3 weeks for his patient's funds (what it's called).

Now he has his own personal savings which was at the Schick Hospital. He can't even get his own money out and he's home already 5 weeks.

My brother must know quite a bit about some funny business going around because he always wanted us to write to Senator Lucas to investigate his case and the Schick Hospital in Clinton, Iowa. The hospital short-changed him on his patients' funds and he wrote about. He gets a notice that he'll receive a check within a week or 10 days. Here he's waiting 3 weeks for it and it hasn't come yet. If he wouldn't write about the short change, they'd never bother about forwarding it back. That is what a returning vet gets. Has to wait and wait and be sent to all four corners of the city—just to get information only. It's a wonder they don't send the vets to Washington, D. C., if they want to put in any claims.

I hope this letter won't go unheeded, and would like to know so, too.

Yes, and we're all Democrats here. I have also three other brothers serving our country, the youngest who just barely became 18 years old, was inducted February 1, 1945.

I remain

Yours respectfully,

Mr. McQUEEN. Now, you recall a letter which you received dated March 8 from some marine that you quoted that he personally would much rather be on Iwo Jima Island with our marines than he would in the veterans' hospital under the experience he had had. "I could fight back there and here I cannot."

Now, did you try to find out whether that veteran was in a veterans' hospital or a marine hospital or whether he had been discharged or not discharged?

Mr. PHILBIN. No. I made no inquiries about this matter.

Mr. McQUEEN. Do you know anything about his physical or mental condition?

Mr. PHILBIN. No. I note on the letter, however, a claim number, which I presume is a Veterans' Administration claim number.

Mr. McQUEEN. Did he state to you that the treatment he received was in a veterans' hospital or the marine hospital, such as that treatment was?

Mr. PHILBIN. Well, I do not recall. Does it show from the context of the letter?

Mr. McQUEEN. No; it is very lengthy.

Mr. PHILBIN. I do not recall these letters in their entirety. I took out certain excerpts from them.

Mr. McQUEEN. Without going into the man's mental or physical condition?

Mr. PHILBIN. Without going into the merits of the case I mean I took out excerpts that contained charges in writing that might well be investigated, that ought to be investigated.

Mr. McQUEEN. I introduce the letter.

(The letter, exhibit H, follows:)

EXHIBIT H

MARCH 8, 1945.

Hon. PHILIP J. PHILBIN,
House of Representatives,
Washington, D. C.

DEAR SIR: I am a veteran of world war one, claim No. C702-108, Discharge No. 4309406, honorable,

I have just read in the Cincinnati Post, a paper, where you have asked for a fearless investigation into Navy and veterans' hospitals. I certainly agree with you and sincerely hope you don't stop until you can get these conditions cleaned up. And please don't leave out any of the Veterans' Administration doctors as I know for a fact that they were absolutely not giving the veterans justice in their physical examination. I have found out that they put on the veterans' records the very least they possibly can—approximately about one-third of his real and true condition.

I have been in their hospital on several occasions for two operations, at the Dayton hospital, and i can give some very interesting facts, of my experience under such condition and care i received. I would personally, much rather be on Iwo island with our Marines than be in a veterans' hospital under the same experience i have had. I could certainly fight back, there, And here you can not.

I have a son in the Navy and i have advised him never to go to a veterans' hospital. And he has promised me he would not if he could possible help it in any way. After he has seen just how and what they had done for me,

Just one of the small facts, regarding my last operation, in the last few years or since my last operation, which was for a ruptured appendix i received a 9-inch incision in one place, and 1½ inch over my appendix, I have had this operation to open up and drain pus, 37 different times the last time being last July and August, several years after operation was performed.

And my other operation has not been any more successful than this one when i complain to them of my first operation they say its not there any more, And that my condition is only a picture of what i did have.

I have been to specialists such as Dr. Crotti, at Grants Hospital in Columbus Ohio, And have numerous other statements from leading doctors. All of them say about the same, But the veterans Bureau does not pay any attention to them at all. I was discharged with a 100% disability recorded in official roster of Ohio soldiers and Sailors and marine, of world war 1917-18 in volume 12 labeled "Mee-nes," page 12353, shows i was discharged with a 10 percent disability. This book was compiled by Vic Donahy and Clarence J. Brown, secretary of state, Frank D. Henderson, the adjutant general, under the enactment of the eighty-third General Assembly of Ohio, approved May 7, 1919, shows that i have been rated by Veterans' Administration 10 percent disabled at time of discharge Jan. 24, 1919.

Could you please explain to me just why i do not receive a pension of some kind or get service connection.

Please send to Dayton and get my records and have this committee check them over very careful, you are certainly welcome to them, if they will be of any help whatsoever in any kind of a fight to get justice for all concerned, as well as the House Military Affairs Committee.

Of if you want sworn affidavits as to what i know or want me to testify before any of the committee i would be more than glad to do so. I am not able to work, and any money i get ahold of i have to spend it for Doctors and medicine.

Again i want to thank you very much for your courage in trying to get justice. I believe that all any American asks for, Justice for all.

Very truly yours,

Mr. McQUEEN. Now, Mr. Philbin, you have a letter here from a lady in Indiana in which you have quoted:

Sincerely hope that the matter may be aired out and let the chips fall where they will. Now that the service men and women are being returned for the best care and treatment that the Nation can offer—

and so forth.

Now, did you notice that in this letter this lady was speaking of treatment to her daughter and other young ladies who were in the armed services, and what she had to say about those people?

Mr. PHILBIN. Yes.

Mr. McQUEEN. Did you ascertain whether or not this lady was in a veterans' hospital—her daughter, I mean?

Mr. PHILBIN. No; I made no inquiry about that.

Mr. McQUEEN. Do you know whether or not she has been put in a veterans' hospital?

Mr. PHILBIN. No.

Mr. McQUEEN. Do you know anything about her physical condition?

Mr. PHILBIN. No; I do not. As I said before, I do not have direct information on any of these letters, about any of the charges contained in the letters.

Mr. McQUEEN. Did you take the trouble to check any of these people with the Veterans' Administration to determine whether they had claims or had filed for claims?

Mr. PHILBIN. No; I did not check any of them.

Mr. McQUEEN. I wish to introduce that in the record.

(The letter, exhibit I, follows:)

EXHIBIT I

MARCH 16, 1945.

Representative PHILIP PHILBIN.

DEAR SIR: The enclosed clipping of March 15, 1945, in the Indianapolis Times gives me a chance to voice my opinion of your effort.

I sincerely hope the matter will be aired out and let the chips fall where they will, now that the service men and women are being returned for the best care and treatment the Nation can offer.

In February of this year I had an occasion to visit my daughter, who was in the Army-Navy Hospital in Hot Springs, Ark. There I heard a returned nurse say that she had been in the hospital for 9 days and hadn't seen a doctor up to that time.

Out there no matter what is wrong with them they are told by the Doctors "its all in their heads." Three nurses who were awaiting their medical discharge papers had been waiting for 5 weeks. The little returned nurse who was pregnant waiting her papers for discharge was told "she was filthy lazy" because she refused to go out on the floor and work. I figured she had already done her work and there were plenty of nurses to be drafted who could do it.

In a dark hall room made into a so called ward I saw about 8 or 10 WACs "not officers" lying in beds with many things wrong, a more neglected sight I hope never to see again. My daughter, a Captain who had served 18 months across, was there and she really would have preferred to be back with General Patton's outfit. She was a wreck if I ever saw one—yet she was told "it was all in her head."

Maybe so, but does it become necessary to break it to them like that? [In Des Moines, Iowa, in February of '43 at Fort Des Moines—in the hospital there the WACs who were confined with measles etc. were ignored—they had to get up and care for each other; food and services were terrible. Again I say why? Yet the wife of an officer fell while out skiing and slightly scratched her shoulder and was immediately taken into the hospital, radio brought into the room, everything rearranged and was given the finest care and consideration even in protests to her staying there. She insisted on going home after several days but they kept her several weeks. Her room seemed a grand place for the Doctors and Nurses to gather in, so she said.]

While in Hot Springs, the wife of one of the officers came to Hot Springs to take the baths, came into the hospital within the following 3 days every Officer from the General down had been in to pay their respects.

Its time some body put the fear of God in their hearts and looked after the ones who need care.

Sincerely

Mr. McQUEEN. Here is another letter from Missouri under date of March 15. Did you notice that in this letter that this man states that he spent 23 months in hospital No. 57 at Knoxville, Iowa.

Mr. PHILBIN. Yes.

Mr. McQUEEN. Do you know the classification of the hospital at Knoxville, Iowa?

Mr. PHILBIN. No; I do not.

Mr. McQUEEN. Do you know that that is an NP hospital?

Mr. PHILBIN. No.

Mr. McQUEEN. Would it occur to you from the letter and his own statements that he was suffering from a mental disability?

Mr. PHILBIN. Not necessarily. Very definitely not.

Mr. McQUEEN. He had been recently discharged from a mental hospital, had he not?

Mr. PHILBIN. Well, of course, it does not appear there that it was a mental hospital. It may be a mental hospital. You say it is. It does not appear in that letter that it is a mental hospital.

I do not think the tenor of that letter reflects any mental condition.

Mr. McQUEEN. He in his letter to you apparently does not want to use his name about anything.

Mr. PHILBIN. That runs through much of the correspondence.

Mr. McQUEEN. I wish to introduce the letter, Mr. Chairman.

(The letter, exhibit J, follows:)

EXHIBIT J

MARCH 15, 1945.

Representative PHILBIN,
Washington, D. C.

DEAR SIR: I read an article in the St. Louis Globe Democrat paper about your resolution for a congressional investigation of the veterans' hospitals.

I was a patient for 23 months in Hospital No. 57, at Knoxville, Iowa, and I never thought the place was managed properly and that all possible was done for the patients. I also considered some of the wards unsanitary and some dark and dirty and in need of paint and other things. Food for some was not warm, and poor.

Even some of the nurses made uncomplimentary remarks about the place.

It would take me days to write all about that hospital; but to help the present and future patients, I would be glad to talk to American Legion people or any other persons anxious to improve this or any other veterans' hospital.

My present employment is in a defense plant, where I have a responsible position, so I would not be able to spend much time away from my job, and I am not financially able to spend money for travel.

However, I would be glad to have the Legion or any other organization make an appointment with me some evening, Saturday afternoon, or Sunday; and if they will give me time, I will have my notes ready so we will not have to spend a lot of time on this matter.

Yours very truly,

Mr. McQUEEN. I wish to introduce, Mr. Chairman, a letter here under date of March 15 from Connecticut, which is rather hard to read, and withhold the name, if I may?

The CHAIRMAN. So ordered.

(The letter, exhibit K, follows:)

EXHIBIT K

MARCH 15, 1945.

Representative PHILBIN,
Washington, D. C.

DEAR SIR: The enclosed letters are self-explanatory and prove the difference between what a political-minded doctor and a doctor practicing medicine honestly think. The laws governing the Veterans' Administration as regards TB are allowing the veterans' doctors to throw out nonservice cases as inactive if they don't show a positive sputum, whereas I'm told by such eminent doctors as Dr. Batellie, Dr. Lynch, Dr. Campbell, that 40 percent of people who die of TB never show positive sputum. I spent 6 weeks at Rutland Heights, Mass., and the conditions there were so bad I went AWOL and spent the 3 years of my hospitalization in our State sanatorium at Norwich, Conn., where I had all my operations, and have been living at home since.

I have to go once a year to determine my eligibility to a pension, for an examination; but the doctors who do the examining aren't TB experts, which they should be. The service-connected cases are called in and adjudged arrested cases and a reduction in pension given, when they are all of us World War I chronic cases. Now, how can a chronic case be inactive or arrested? That's the question. I hope, sir, you will do your best to get old General Hines and his cohorts kicked out, and all the political-minded doctors as well.

I am sorry I am not an educated person so I could put these things better to you. I can thank you for your fight in our behalf, anyway.

Yours very truly,

Mr. McQUEEN. It is also quoted in the record here of March 24.

Now, there is a letter, Mr. Philbin, from a lady living in Louisville, Ky. It refers to her husband.

Is it not very obvious from that letter that that is the marine hospital at Louisville and not the veterans' hospital?

Mr. PHILBIN. I think that is correct; and, of course, there were several letters that refer to marine and Army and Navy hospitals in this quote, and these excerpts were very hurriedly prepared to present to the Rules Committee, and I was preparing for a broader hearing than the idea under this investigation.

Mr. McQUEEN. Do you think that would be a proper presentation of the true conditions of any hospital—veterans' or otherwise—if it came from those sources?

Mr. PHILBIN. Well, I thought myself that this letter you refer to was a rather intelligent letter.

Mr. McQUEEN. I think it is, sir. But it does not refer to anything here at the present time.

Mr. PHILBIN. But I was explaining, mine was a much broader resolution which related to all of these hospitals, not confined to veterans' hospitals, and this was put in to show that there was some charges against other hospitals, as part of my presentation before the Rules Committee.

Mr. McQUEEN. I wish to introduce the letter, Mr. Chairman.

The CHAIRMAN. All right.
(The letter, exhibit L, follows:)

EXHIBIT L

MARCH 18, 1945.

Representative PHILBIN,
Washington, D. C.

DEAR SIR: My husband and I were interested in the news item stating that you are starting an investigation of "alleged intolerable conditions and irregularities in the treatment of hospitalized war veterans." "Intolerable" is really putting it mildly!

Our first experience was in Milwaukee, Wis., at the veterans' hospital there, in 1938. They finally were about to operate for a hernia, when, out of a clear sky, they told him they couldn't operate—that his heart was in such a bad condition he would die on the table. Needless to say, this was a shock to us. After leaving the hospital, of course, we consulted a heart specialist and had electrocardiograms made and read by two heart men and were assured his heart was perfect. The only reason we could think of for them to tell us such a thing is that because my husband had a good position and was not destitute. Surely their refusal could have been in a different way; but even so, does one have to be a pauper to get Government hospitalization—so well earned.

Our next experience was March 13, 1943, here in Louisville, Ky., at the marine hospital.

Our son, William Dean Savoy, in the Navy, came home on leave from Great Lakes. He was taken ill during the night with a severe earache. At 5 a. m. we called an ear specialist; and on examining the ear, he at once put him on sulfa drug and said it would have to be watched. We had to report to the Navy, of course, and regulations would not permit us to keep him at home. So at 6 p. m. that night he was taken to the marine hospital. The examining doctor, assured us they would have an ear specialist to take care of him.

The following afternoon when I went to see him, he had a temperature of 103°. He was in bed for 2 weeks and never once was given a bath except those I gave him. He laid in filthy linens which were changed only twice a week, and he was handed pajamas with no buttons, so he sewed some on himself! The food was atrocious—the cockroaches nearly carried us all away. The room, windows, floors, were filthy. He was given pills which knocked him out, but never saw an ear specialist. Finally, toward the end, when he was able to be up a little, the doctor told Mr. Savoy, Bill's ear was ruptured and that he had never seen his ear, though it was the same doctor who examined him on entrance. They at last sent him to our own ear specialist and, by the grace of God, the ear was not ruptured.

We were very fortunate to get him out of that filthy place. We could have given him such good care at home, and I assure you he'd have been under an ear specialist. We feel that the Navy must surely not know the existing conditions at this hospital or they would insist on better treatment for its boys.

At the same time our son was hospitalized there, his pal, Fred Reed, from New Haven, Ky., was in an auto accident.

I went up to see Fred every day. The second day after his arrival he was still lying on a blood-soaked pillow—clotted blood all over his face and hands and pajamas. He was too ill to move, or eat, so nothing was done. Not even he received a bath until he was able to get up and take a shower. These two boys are at present in the Pacific, and I pray God that they—and all returning veterans—can expect, and will get, something better in our hospitals than they have ever had before.

I'm sure our sons—daddy—and our Bill and Fred are the cream of the top of America's manhood; and surely if they fight and risk their all for America they are entitled to the very best of everything and not the worst which is available now.

I do hope you will be able to succeed to get a nonpartisan inspection of these hospitals. It seems to me if men from World War I were appointed to inspect at first hand, and unannounced, that they would be able to give you much of the information you are seeking.

Please do not let your good work die. I greatly admire you in starting it, and I feel sure these three cases I have cited to you are the regular run of cases and not the unusual ones.

Sincerely,

Mr. McQUEEN. Now, Mr. Philbin, you gave a quotation here from Virginia, I quote concerning veterans' hospital—and this is your quotation on the record—

Mr. PHILBIN. The quotation from the letter you mean?

Mr. McQUEEN. From the letter in the record:

I can give you some first-hand information as regards conditions here and at other facilities, with names, dates and witnesses.

You understand that severe reprisals would be taken against me by the attendants here if they knew of this letter.

Do you notice—that letter is very short. Did you notice what condition that man was in, by his own statement?

Mr. PHILBIN. Yes; but he offered to give testimony with names, dates, and witnesses, and I thought it might be worth looking into.

Mr. McQUEEN. Well, now, reading the whole letter, under date of March 17, addressed to you at Washington, D. C.:

I read an article in a newspaper a day or two ago in regard to an investigation of some of these places.

I am a patient at this one, and not a mental patient. I was committed here by a State magistrate as a drug addict and am sane and competent, and it would afford me a great deal of pleasure to give you some first-hand information as regards conditions—

and so forth, as put in the record.

Now, do you think the information of a self-confessed drug addict would be good information upon which to base an investigation for the good of all these men that are coming back at this time and the thousands of men that are in hospitals at this time?

Mr. PHILBIN. Possibly. I mean I would rather prove the accuracy or inaccuracy of the charges rather than the source from which they come.

Mr. McQUEEN. Well, your experience as a lawyer would tell you that if he was an addict that his testimony would not be considered very substantial. Would it?

Mr. PHILBIN. My experience as a lawyer would also tell me that if he gave me some information that was authentic and correct and that could be substantiated, that it might have some probative value to any inquiry.

Mr. McQUEEN. That is not the general rule, however, is it?

Mr. PHILBIN. I think his condition might only go to his credibility.

Mr. McQUEEN. I introduce the letter.

(The letter, exhibit M, follows:)

EXHIBIT M

MARCH 7, 1945.

Representative PHILBIN,
Washington, D. C.

DEAR SIR: I read an article in a newspaper a day or two ago in regard to an investigation of some of these places. I am a patient at this one and not a mental patient—I was committed here by a State magistrate as a drug addict and am sane and competent and it would afford me a great deal of pleasure to give you some first-hand information as regards conditions here and at other facilities with names, dates, and witnesses. You understand that severe reprisals would be taken against me by the authorities here if they knew of this letter.

Yours truly,

_____.

Mr. McQUEEN. Here is a letter under date of March 9 from which you quoted, from Los Angeles, in which he makes a blanket complaint of his treatment in a hospital in California, without giving the name of the hospital he referred to.

Did you make any effort to find out what the physical or mental condition of this man was?

Mr. PHILBIN. No.

Mr. McQUEEN. I offer the letter.

(The letter, exhibit N, follows:)

EXHIBIT N

MARCH 9, 1945.

Representative PHILBIN: I should like to express my personal approval of your demand for an investigation of "alleged intolerable conditions" in veterans and service hospitals.

Unfortunately, these "alleged intolerable conditions" did prevail in the psychiatric section of Barnes General Hospital during my 4 months' stay there. It was my misfortune, as one of others whom I can name, to be the recipient of some of these "intolerable conditions," at the hands or fists of attendants.

It seems to me that such treatment is to be deplored not only from the standpoint of humanity, but also as definitely poor psychiatric therapy.

I hope something may be done to correct these conditions (if they still exist). The statements above are intended to apply only to the hospital and section named. My experience with the Veterans' Administration facility was quite satisfactory.

Sincerely,

Mr. McQUEEN. Here is a letter under date of March 12, 1945, addressed to you from Portland, Oreg., in which the writer asked the privilege of appearing before the committee. And he makes blanket charges against all hospitals, and he seems to represent some organization, or at least the letter is on the stationery of some organization by the name of "Mental Patients Defender."

Do you know who the "Mental Patients Defender" is?

Mr. PHILBIN. No; I have heard of the organization but I do not know who is in charge of it.

Mr. McQUEEN. Do you know whether or not this man is an officer of that organization?

Mr. PHILBIN. No.

Mr. McQUEEN. Or whether he is an employee of theirs?

Mr. PHILBIN. No. This letter refers to groups and treatment of inmates at several hospitals.

That is another letter that I thought warranted an investigation.

Mr. McQUEEN. It did not give any names or exact places, merely generalities as to what had happened to patients. Is that not right?

Mr. PHILBIN. He gave certain facts concerning what happened to patients.

Mr. McQUEEN. I introduce that letter into the record too.

(The letter, exhibit O, follows:)

EXHIBIT O

MENTAL PATIENTS DEFENDER,
Portland, Oreg., March 12, 1945.

Hon. PHILIP J. PHILBIN,

House of Representatives, Washington, D. C.

HONORABLE AND DEAR SIR: Your resolution for creation of an 11-member committee of inquiry in veterans' hospitals throughout the United States and over-

seas has just been called to my attention. Should you not have the data of the investigation by Lee Casey, of the Rocky Mountain News, Denver, Colo., from April 11, 1944, until May 1944 uncovering how "Sick war veteran held in Colorado State Penitentiary without having been accused of a crime, along with 33 others, guilty of the same offense of being sick—locked in a cell block with 5 condemned murderers who are awaiting death."

Also the case at Fort Lyon's Veterans' Hospital, near Las Animas, Colo., at which time an attendant sat on an 86-pound patient and twisted his leg until it broke.

The brutal treatment of inmates at the United States medical center, Springfield, Mo., during February of 1944, revealing the kicking of inmates or stomping on them after they were knocked down.

Slapping or pushing inmates with open hands or fists.

Choking inmates with arm or towel.

Whipping inmates with a wet towel.

Confinement of inmates without clothes or bedding in strip cells devoid of all furnishings.

Special attention should be called to Senate subcommittee report No. 2 on conditions at Gallinger Hospital, Washington, D. C., 1943, during the month of October, which revealed conditions of cruelty, indifference, harshness, and barbarities almost beyond belief.

Unfortunately the above all resulted in the usual whitewash and passing of the buck, as most investigations usually do. It is time to talk less about concentration camps in other countries when we have many individuals needlessly tortured and brutally murdered in all mental hospitals throughout the entire Nation.

I have devoted quite some time investigating conditions in both private and public institutions and am convinced there is need for prompt and effective action toward hospital reform.

With this thought in mind I have compiled rules, regulations, and recommendations which should prove beneficial to doctors, nurses, attendants, patients, institutions, taxpayers, and all concerned. It is my sincere belief that if the rules, regulations, and recommendations suggested by me were put on a table and discussed in a sensible light, every citizen and official in the United States would be glad to cooperate.

It is a difficult task to set forth my findings, rules, recommendations, and regulations by means of a letter, therefore I am writing to ask for the privilege of appearing before your committee.

Trusting you may see your way clear to grant the above request, and thanking you for a prompt reply, I am

Very truly yours,

Mr. KEARNEY. May I see that letter, please?

Mr. McQUEEN. Here is a letter from Boston. He refers, generally speaking, to treatment of veterans between the time, I believe, that they are discharged, and such time as the Veterans' Administration would take them over. Does it not?

Mr. PHILBIN. Yes.

Mr. McQUEEN. A very intelligent letter.

Mr. PHILBIN. Yes.

Mr. McQUEEN. A man in a responsible position.

Mr. PHILBIN. Yes; this man is a very responsible man who has given time and thought to a veteran's matters.

Mr. McQUEEN. But he is not complaining of hospital service to veterans, he merely wants to try to remedy conditions between the time the man is discharged and he is taken over by the Veterans' Administration.

Mr. PHILBIN. This man has been especially interested in correcting what he calls the tangled maze of procedure.

It relates to procedural matters in the Bureau and has no reference to hospitals.

Mr. McQUEEN. Nothing at all about hospitals.
I introduce the letter.
(The letter, exhibit P, follows:)

BOSTON, MASS., March 13, 1945.

Hon. PHILIP J. PHILBIN,
House of Representatives, Washington, D. C.

DEAR CONGRESSMAN PHILBIN: I was very interested in your address in the House of Representatives on Wednesday, March 7, 1945.

For some time now, I have been active in matters pertaining to the welfare of the returning veterans. From actual experience, I know the statements you made to Congress are borne out day after day in the city of Boston. I have personally escorted many veterans who have only recently been discharged from service through the tangled maze of procedure which they must unravel in order to obtain their compensation and benefits.

The present set-up in Massachusetts is entirely inadequate and inconvenient for the veterans who are, in all conscience, entitled to a well-equipped Veterans' Bureau where all their needs can be taken care of. It is going to be a tremendous task, as you well know, and the only feasible solution will be the erection of a modern Veterans' Administration building in downtown Boston where all facilities for their welfare will be provided under one roof.

Sincerely yours,

Mr. McQUEEN. Here is a letter from Seattle, Wash., under date of March 13.

Did you make any effort to find out what this man's position was?

Mr. PHILBIN. No.

Mr. McQUEEN. What his physical condition was?

Mr. PHILBIN. No; I made no independent investigation in the way of these letters.

Mr. McQUEEN. Well, printing in the record the excerpts from some of these letters does not give the full purport of what the man is talking about that you have put in here on the 24th, either, does it?

Mr. PHILBIN. I did not quite apprehend the point of your question.

Mr. McQUEEN. I say the excerpt quote of the letter and the letter itself in several instances that I have gone over would be quite different, would they not?

Mr. PHILBIN. Yes, sir. I have picked out certain parts of the letter because of the fact that this document was prepared rather hurriedly for presentation to the Rules Committee. They may not have embraced all of the charges.

Mr. McQUEEN. I introduce the letter.

(The letter, exhibit Q, follows:)

EXHIBIT Q

MARCH 13, 1945.

Hon. PHILIP J. PHILBIN,
*House Military Affairs Committee,
Washington, D. C.*

DEAR MR. PHILBIN: In connection with the investigation by your committee of alleged intolerable conditions and irregularities in the treatment of hospitalized war veterans, please advise whether or not your investigation would include all United States marine hospitals and the veterans of all United States wars.

The writer is prepared to give your committee the harrowing details of his experience in the United States marine hospital here, provided such information would be considered as strictly confidential, inasmuch as I am still under treatment at said hospital and although my present attending physicians are in no way to blame for the treatment I received while a patient. Still, from an ethical standpoint, there might be repercussions on their part that I would prefer to avoid. I feel sure that you gentlemen will understand the situation in which I am placed

and grant my request for secrecy. As a matter of fact, there are many former patients in all Government hospitals who feel the same as I do regarding these matters, and it would be very difficult, indeed, to arrive at the true state of affairs in these institutions unless this was done. There are many good, conscientious physicians and attendants in these hospitals and I would not want to reflect on their ability or integrity, but there are others who look upon veterans superciliously, and these should be educated to treat them with more consideration and not as charity patients, especially in the various phases of neurotic cases, as these types are supersensitive and such treatment jeopardizes their recovery. My principal object in writing you this letter is to cooperate in correcting present conditions before our boys overseas start coming home. Personally, I have no ax to grind.

Very respectfully yours,

Mr. McQUEEN. Here is a letter from California under date of March 10. The purport of that letter is that this man wishes to have dental work done and did not desire to wait for it, is it not, rather than the fact that the hospital is not properly operated?

Mr. PHILBIN. Well, of course, you understand that these statements—these excerpts from the letters relate to more than the hospitalization. They relate to other phases of the program.

Mr. McQUEEN. I introduce this letter.

(The letter, exhibit R, follows:)

EXHIBIT R

MARCH 10, 1945.

Hon. PHILIP J. PHILBIN,
Washington, D. C.

DEAR SIR: Attached is a small clipping from today's paper.

I have just returned from the veterans' hospital at Sawtelle, Calif., where I have been trying for some time to have dental and eye work done. While I was there I did quite a bit of looking around and talking to the members of the home and I learned that the administration office there is considerably overstaffed, but even so a veteran cools his heels there for days, weeks, and sometimes months before he can get action on his case.

My source of information there was from men who are in the home and are detailed to work in the hospital and the office of the Veterans' Administration and at various other tasks. For this work they receive no pay.

Every one of these men told me that the office force put in the days smoking and talking of their exploits in making love and drinking of the night just passed. With now and then time out to rearrange the powder and lipstick. Quite a few of these men have been in other homes and hospitals and they say they found the same conditions I saw here. So in my opinion the attached item is nothing but a counter to a possible charge of being overstaffed.

In my opinion these people on the pay roll of the Veterans' Administration are just putting in time and to hell with the veteran—he can wait.

Yours truly,

Enclosure:

VETERANS BUREAU NEEDS MORE HELP

WASHINGTON, March 9.—(AP)—The Veterans' Administration is appealing for workers willing to come to Washington.

Reporting an increase of more than 300 percent in the volume of its work between February 1943 and December 1944, Veterans' Administration said a shortage of workers is seriously handicapping its operations. Employment increased only 14 percent.

Mr. McQUEEN. This letter that I hand to you now, dated March 12, from Tennessee, of course is not from a veteran but refers to his brother.

It is very obvious that his brother is being taken care of in a veterans' institution for a mental condition.

The letter states that, does it not?

Mr. PHILBIN. Yes. It refers to the discipline and restrictive regulations at the institution where his brother has been hospitalized.

Mr. McQUEEN. And he states that he could write a book on "helpful hints."

That was his conclusion as to how patients should be treated.

Mr. PHILBIN. That is correct.

Mr. McQUEEN. And there is no reference there that he is connected with the medical profession in any way, knows anything about the treatment?

Mr. PHILBIN. No; he is relating more to discipline and restrictive regulations.

Mr. McQUEEN. In other words, he does not want the restrictive methods and the discipline they enforce in those hospitals?

Mr. PHILBIN. Apparently he believes that they be too harsh.

Mr. McQUEEN. I see.

I introduce the letter.

(The letter, exhibit S, follows:)

EXHIBIT S

MEMPHIS, TENN., *March 12, 1945.*

HON. PHILIP J. PHILBIN,

Member of Congress, United States House of Representatives,

Washington, D. C.

MY DEAR SIR: This is to express my joy on reading in this morning's issue of the Commercial Appeal the news of your effort on behalf of the veterans hospitalized in Government institutions throughout the country. The mail brought to me a few minutes later contained the Congressional Record, March 7, and the Atlantic Monthly. Had it not been for the news item in the morning paper, I would have pushed aside the Congressional Record and read the Atlantic. Your speech in the Record was the most interesting to me of any to appear on any subject. For 10 years, I have spent all of my vacations from my job as a college librarian, near the veterans' hospital which kept my brother. Whenever possible, he returns home with me, and improves greatly under the influence and conditions enjoyed away from the institution. The more I know about discipline and restrictive regulations at these institutions, the greater I yearn to see changes in them. I could write a book, I believe, on "helpful hints," but I am happy to leave that to you and the investigating committee. I have worked very hard to gain some advantages for my brother, who suffers from a nervous condition, but is very capable intellectually. I have seen what should be done for other men, whose families have failed to keep close to them and urge improvements for them, but who remained "in custody" of the institution with the idea kept before them of dependence. I approve most heartily of your work in behalf of the veterans' investigation. It is a great day, a day of hope for the veteran and for the members of his family. I shall continue to read the Congressional Record on this subject. I wish to receive for this library a copy of the Cosmopolitan article, the investigating committee reports, and any other material on the subject. Our library is situated near the Kennedy General Hospital, and is in a position to use effectively such information.

Very truly yours.

Mr. McQUEEN. I had you a letter dated here Forest Hills, N. Y., March 14, 1945.

From this man's statement can you tell whether he is in a Veterans' Administration facility or in an Army hospital or in a Navy hospital or in a Marine hospital?

He apparently was in an institution for the care of mental cases. He states that.

Mr. PHILBIN. He states that he lost a kid brother in a Veterans' Administration hospital.

He states further that he spent 3 months at a certain Navy hospital. Mr. McQUEEN. There is no connection with the veterans' facility in any way?

Mr. PHILBIN. He states that what he has witnessed out at this Naval center he refers to would make your hair stand on end, especially in the psychoneurosis division of the hospital. And states:

I have been waiting for a reckoning day, if you are going to start one I am sure I can get plenty of witnesses.

Mr. McQUEEN. That is in a neuropsychiatric hospital.

Mr. PHILBIN. It is a general hospital. He states:

I was sent there supposedly for rest, I was treated worse than a criminal, was locked up, threatened, and not allowed to write home.

I saw kids slightly battle happy actually beaten into insensibility by fist-happy corpsmen.

I can see no legal excuse for some mothers son to be treated that way after risking his life in battle.

If you are further interested I shall be very happy to hear from you.

Mr. KEARNEY. Did you write him?

Mr. PHILBIN. Yes. I referred him to this committee.

Mr. McQUEEN. I introduce the letter.

(The letter, exhibit T, follows:)

EXHIBIT T

MARCH 14, 1945.

Representative PHILIP J. PHILBIN,
House Office Building, Washington, D. C.

DEAR SIR: Have read of your interest in veterans' hospitals and I believe I can enlighten you to some extent.

I am an honorably discharged Navy veteran of the war.

I lost a kid brother, also Navy, in a Veterans' Administration hospital.

I spent 3 months at the renowned National Naval Medical Center, Bethesda, Md.

What I have witnessed out there would make your hair stand on end, especially in the psychoneurosis division of the hospital.

I have been waiting for a reckoning day. If you are going to start one I am sure I can get plenty of witnesses. In fact some are still in service on active duty.

I was sent there supposedly for a rest. I was treated worse than a criminal in the worse type of a prison, was locked up, threatened, and was not permitted to write home.

I saw kids slightly battle happy actually beaten into insensibility by fist-happy corpsmen. I can see no legal excuse for some mother's son to be treated that way after risking his life in battle.

If you are further interested I shall be very happy to hear from you.

Sincerely yours,

Mr. McQUEEN. Here is a letter under date of March 15 from Knoxville, Tenn., from a lady complaining about conditions where her brother was, a World War I veteran, in the hospital at Salem, Va.

Do you know what nature of institution that is?

Mr. PHILBIN. No.

Mr. McQUEEN. Most of her complaints are that there is too much show of uniforms and so forth.

Is that not true?

Mr. PHILBIN. She complains about red tape necessary to get her brother out. It took 3 months to get him out.

Mr. McQUEEN. Do you know anything about his condition, whether he should have been released or should not have been released?

Mr. PHILBIN. No; I have no independent information concerning this case.

Then she also refers to the fact that his veteran's compensation was cut.

Mr. McQUEEN. Do you know whether he had improved in the hospital?

Mr. PHILBIN. I do not know anything about his condition, except what is set forth in this letter.

She complains also about the fact that there is no privacy, that the place was thoroughly miserable, not a comfortable chair in the place for veterans' use.

Mr. McQUEEN. Do you know whether that is a veterans' hospital?

Mr. PHILBIN. Yes. She states in there it is a veterans' hospital.

Mr. McQUEEN. Where is that facility?

Mr. PHILBIN. I do not know where it is, but she refers to it as a veterans' hospital.

Mr. McQUEEN. That is her statement?

Mr. PHILBIN. Yes.

Mr. McQUEEN. Do you know whether the Veterans' Administration maintains a facility at Salem, Va.

Mr. PHILBIN. No; I do not. I do not know whether she is referring to that hospital or some other hospital.

Mr. McQUEEN. I will put that in the record, too.

(The letter, exhibit U, follows:)

EXHIBIT U

MARCH 13, 1945.

DEAR CONGRESSMAN PHILBIN: Yesterday I read in the paper about your fostering an investigation of intolerable conditions in the veterans' hospitals. And I write to say how thankful I am; and that I do think such an investigation is so needed in defense of those helpless men who fought for us in the other war, as well as those who will crowd into them from this.

I have a brother, a veteran of World War I, whom we placed in the veterans' Hospital at Salem, Va., when it was newly opened. And on my three visits there, even then, when things were supposed to be at their new best, I came away so depressed that I could scarcely bear it; and then began a red-tape proceeding to get my brother out, and at the same time retain his veterans' status. It took 3 months to do that, but finally it was accomplished and we placed him at the Davis Clinic, Marion, Va., then and now a part of the State hospital located there, though it had been used for veterans prior to the opening of the Salem Hospital, when all were required to be transferred there, and the Davis Clinic reverted to the State hospital.

Recently we were informed that his veteran's compensation would be cut from \$97.50 per month to \$25. But that he could reenter one of the veterans' hospitals without further expense. My brother's family, including myself, immediately decided to make up the deficit ourselves, and keep him where he is rather than send him back to a place in which he was, and would be, thoroughly miserable. No privacy; not a comfortable chair in the place (for veterans' use); access to his trunk, and even to the boxes of candy and little luxury foods we would send him, only obtainable when some orderly had time, or would take it, to bring him an article or the little eatables. He fell off, saying that he did not get enough to eat; it was cafeteria style, and in the long line what you did not take the first time you could not get again, and no second helpings.

There was much display of uniforms, etc., among doctors and nurses, and the patients seemed to be secondary considerations. My brother, when we would go there, would be brought to visit with us for a limited time in a little dark room, with one window, and a sofa and a chair, and it was like having a prisoner brought out by a guard.

On one occasion when my sister and I were there, and had taken my brother some packages of little things, he, having his arms too full, dropped them in the corridor as we were leaving; one of the doctors passing at that moment, I hailed him to ask him a question. He stood haughtily while the three of us tried to rescue the things, and seemed too flushed (with whatever it was that had made him that way) to give any but the vaguest reply to my question.

So I repeat how thankful I am that you are now engaged in airing some of the conditions in these places. In which many of our boys, or men, probably do not have relatives who can "protect" for them.

My husband formerly sat on the supreme bench of Tennessee, but has been dead some years, or he would have helped me to try to get attention called to these things.

More power to you, and may your efforts be successful in creating better conditions for those who have so dearly earned them.

Sincerely yours,

Mr. McQUEEN. Now, Mr. Philbin, here is a letter under date of March 10 on the letterhead of the United States naval hospital at Corona, Calif., addressed to you, signed "Very truly yours, 150 patients of United States naval hospital, Corona, Calif." The signature is withheld.

Now, that letter was quoted in several places in the Record of March 24.

In a very general way he brings up some of the details, and one of which is that the captain and commander of the hospital's dog became ill and the doctors looked after the dog instead of the patients.

Do you know anything about who sent you that letter?

Mr. PHILBIN. No; I do not.

Mr. McQUEEN. No signature on it at all.

Mr. PHILBIN. No, sir.

Mr. McQUEEN. Yet you quoted that letter in three places in the Record as to treatment of a veteran.

Mr. PHILBIN. It comes to me from the United States naval hospital at Corona, Calif.

Mr. McQUEEN. And unsigned.

Mr. PHILBIN. Yes.

Mr. McQUEEN. It has nothing to do with the treatment at a veterans' facility whatever.

Mr. PHILBIN. No.

Mr. McQUEEN. I introduce the letter.

(The letter, exhibit V, follows:)

EXHIBIT V

UNITED STATES NAVAL HOSPITAL,
Corona, Calif., March 10, 1945.

Hon. PHILIP J. PHILBIN,
Representative, State of Massachusetts.

DEAR SIR: It was with great pleasure that we of Corona Naval Hospital, Corona, Calif., read the news of your pending investigation regarding conditions as they exist in the hospitals in the United States. We are most certainly thankful that we have seen the day when the conditions we have been forced to undergo have at last been brought to light. Many of us have had terrible days overseas and suffered many hardships. Now we have had to come back to conditions much harder to bear.

Not to take up too much of your time, we will give you some more of the conditions we are forced to undergo here. Here is an incident that would make the blood of any true American reach a boiling point. A mate of ours here was sick and required a 24-hour watch. Meanwhile, the captain's dog

became ill and the corpsman was taken from the bedside of this man and detailed to sit up that night watching the dog. Next day, our mate died.

We have seen our mates who are bed patients chained to their beds because of infraction of a rule; while others have been taken from their beds and put into the brig on bread and water for as much as 10 days because they were not in bed at the time bed check was made. Orders given by the captain of this hospital to the shore patrol force are to keep the brig full. You may know of the need of hospital corpsmen overseas. This hospital is manned by a shore patrol force of first-class pharmacist's mates who have no other duties but to patrol the wards and be on the lookout for some minor infraction of the rules. Waves here stand watch 14 hours a day while nurses do a 6½-hour watch. Naval bulletins have been issued and orders given about leaves. These have been disregarded and never posted. We know men returning from overseas and hospitalized for a period of 60 days or more are entitled to a convalescence leave of 30 days, but these cannot be gotten here. These are just a few of the things that are an everyday occurrence here and God only knows, it would take pages to print all the others.

We sincerely hope, and with a fervent prayer in our hearts, ask that you include this concentration camp in your investigation. We are with you 100 percent in bringing the ones responsible for these conditions to justice. We of Corona thank you from the bottom of our hearts for having the courage to expose these conditions before the American people.

Wishing you success in your campaign and that God will always bless your work, we remain

Very sincerely yours,

150 PATIENTS OF UNITED STATES NAVAL HOSPITAL, CORONA, CALIF.

Mr. CUNNINGHAM. Might I, Mr. Counsel, ask a question of the witness?

Mr. Philbin, as I recall, you had a resolution by the House to investigate not only the Veterans' Administration hospitals but the naval and military.

Mr. PHILBIN. That is right.

Mr. CUNNINGHAM. My question is, Did you have information that led you to believe that all three of those needed investigation?

Mr. PHILBIN. Well, I had information such as this.

Mr. CUNNINGHAM. Such as that letter?

Mr. PHILBIN. Letters along the same line.

Mr. CUNNINGHAM. I noticed yesterday in your opening statement you apparently made no differentiation between veterans' hospitals, Navy and Army hospitals.

Mr. PHILBIN. That is true.

Mr. CUNNINGHAM. Did your statement include all of them?

Mr. PHILBIN. Yes; my statement includes all of them because I have complaints regarding all of them.

Mr. CUNNINGHAM. Of course you understand this committee has no authority to investigate Army and Navy hospitals.

Mr. PHILBIN. I understand. The purpose of this was the statement I presented to the Rules Committee and which the counsel is going through at the present time.

Mr. McQUEEN. Not very much force to it if it is unsigned.

Mr. PHILBIN. Well, I think it contains a situation which ought to be looked into.

Mr. CUNNINGHAM. That is from a naval hospital?

Mr. PHILBIN. Yes.

Mr. McQUEEN. And here is a letter under date of March 12 which was quoted in the record in a place or two. I ask that it be put in the record.

(The letter, exhibit W, follows:)

EXHIBIT W

MARCH 12, 1945.

Hon. PHILIP J. PHILBIN,
Washington, D. C.

DEAR SIR: It has come to my attention that as a result of a magazine article you are initiating an investigation of Veterans' Administration hospitals and I would like to have you know what has happened in my case.

In December 1942, after being in the Army a little over a year, I broke down with pulmonary tuberculosis and was hospitalized at Fitzsimons General Hospital. During that year I had had four X-rays taken by the Army Medical Corps and was passed on to duty after each one but after I broke down, the doctors said there is tuberculosis showing on the last three X-rays. I had not been hospitalized and consequently I was well infected by the time a hemorrhage brought the condition to the doctor's attention. After 15 months I was discharged from Fitzsimons partially along the road to recovery. During this time my ward doctor told me that an operation was necessary but the hospital surgeons would not attempt it.

I applied to the Veterans' Administration hospital at Livermore, Calif., for out-patient treatment and was persuaded to become an in-patient. After they looked me over they decided that all they could do for me was to take out the ribs on my left side. The doctor who would do the work was not very experienced, so I left and went to a private surgeon. This man operated on me and was able to do what was necessary without removing my ribs. Now, almost 6 months after the operation I am nearly an arrested tuberculosis case whereas after 20 months Army-Veterans' treatment I still had a large open cavity and larger infected area.

The surgeons at the Army's largest tuberculosis hospital were unable to do the job on me that was necessary and the Veterans' hospital was likewise unable to help except by the most drastic of measures yet I have found two men in the San Francisco Bay area who do this operation. The veterans wouldn't call in outside help on my case yet the same man who operated on me was called in by the Veterans to operate on another case.

Thus, in my case we find: first, the Army was negligent in allowing me to stay on duty until I was a well-developed case; second, the Army was unable to give the proper treatment; third, the Veterans' Administration was unwilling to give me the proper treatment: From what I have experienced the Army is not the agency to clean the Veterans' Administration's house as the Army needs some housecleaning in that department itself.

This single case may not be very much in itself and in citing it I don't seek reimbursement of any sort but I am not alone in the way I have been treated. I know of other cases that have been handled in the same slipshod, indolent, don't-give-a-damn attitude and I hope for the sake of those yet to become Army and veterans' tuberculosis patients your investigation will bear fruit.

Very truly yours,

Mr. ENGLE. May I see those two letters, Counsel?

Mr. McQUEEN. These two?

Mr. ENGLE. Yes.

Mr. McQUEEN. Mr. Philbin, here is a letter under—

Mr. PHILBIN. Have you finished with this letter? May I make a comment on this letter?

Mr. McQUEEN. Go ahead.

Mr. PHILBIN (reading):

I applied to the Veterans' Administration hospital at Livermore, Calif., for out-patient treatment and was persuaded to become an in-patient.

After they looked me over they decided that all they could do for me was to take out the ribs on my left side.

And then he refers to the medical treatment that he received and that his condition had become worse and that he was not helped, and

he complained of course not only about the Veterans' Administration but about the Army hospital as well.

Mr. McQUEEN. That is right.

Here is a letter that you quoted from, Mr. Philbin—the letter is under date of March 15—from California. Apparently it is a letter signed by a man who is a selfappointed service officer for one of the veterans' organizations. His complaints are of a general nature, and he asked an investigation as to hospitals and makes some statements about the amount of—the average monthly payments of compensation from the last war.

It all pertains to older veterans.

Do you know anything about his condition, physical or mental?

Mr. PHILBIN. No; I do not know anything about the condition of any of the signatories to these letters except what is set forth in the letter itself.

Mr. McQUEEN. I introduce the letter.

(The letter, exhibit X, follows:)

EXHIBIT X

DISABLED AMERICAN VETERANS

DEPARTMENT OF CALIFORNIA, INC.

El Monte, Calif.

MARCH 15, 1945.

Subject: Investigation of Veterans' Administration.

HON. PHILIP J. PHILBIN,

*Congressman, House Office Building,
Washington, D. C.*

DEAR SIR: The demand you are making for a congressional investigation of the whole set-up of the Veterans' Administration, and the work you have done, and are now doing, deserves the undying gratitude of veterans and all thoughtful, patriotic people.

As one who served in the armed forces of the United States during three wars and two major campaigns, now rated as totally disabled, I have been very close to veterans' problems, for more than 40 years. If your resolution is adopted, and successfully conducted, it will result in greater benefits to the wartime disabled than any other act of the Congress during the past half century.

You and your colleagues will, in this movement, encounter opposition from a source least expected, and from which you have every right to expect enthusiastic cooperation. I refer to some of the "brass hats" in the standard veteran organizations, not the rank and file. The "hierachy," have for many years conspired to keep their members and the public at large in total ignorance of the true conditions. I, a member of all of them, know them from their earliest inception to the present day. For years I have been "as a voice crying aloud in the wilderness" not for myself—I'm washed up—but for others to follow.

The whole story is too long to be here recited. It is only necessary to call to mind a few facts that should be of common knowledge. All past national conventions of these organizations, the bridal suites of hotels in the convention cities have been reserved for high officials of the Veterans' Administration. There they have been wine and dined, and presented to the delegates as some supervisors of mankind. Following each convention the veteran and metropolitan press have been flooded with their lengthy speeches, and resolutions adopted by the conventions, lauding the work of those officials as untiring, self-sacrificing efforts in behalf of the disabled war heroes of our country.

All this time, us local volunteer service officers, that do the field work, without hope or wish for salary of any kind, have known, and the "brass hats" should have, and did know, but cleverly concealed from the public, that the records of claims service, and treatment of disabled war veterans, was forcing thousands of them and their families annually, into abject privation and untold sufferings.

This is not a condition recently forced upon us by the impact of war emergencies, but one that has existed throughout changing administrations for more than 25 years. This has now grown to such proportions, it can no longer be concealed from public gaze.

Mr. Maisel and others thus far have dealt only with but one phase of the veteran problem—hospitalization. After the soldier has finished his assignment on the battle front, and survived the veteran hospitals, and returns home, he is then confronted with the larger and continuing problem of sustenance for himself and family—house rent, groceries, and shoes for the kids.

To meet this problem, Congress has provided for him meager monetary benefits. To get them is another problem in which he requires expert aid and advice. That's our job; we call it bringing home the bacon. After all, "bacon" is the problem. Just how difficult is this job will be noted later.

Investigation will prove that conditions in the hospitals are but the outward manifestations of a deep-rooted evil system set up within the Veterans' Administration—a system by which the personnel of that one Government agency constitutes the investigators, the examiners, the prosecutors, the adjudicators, the judge, and the jury. From their decision there is no appeal. As a result, claims are presented and adjudicated on the basis of favoritism rather than rights under law. Justice is made to curry favor.

Look at the records. Of all the claims filed prior to this war, not more than one in three have been allowed. The average monthly payment is \$20.21. What is even more significant is the fact that out of some 2,000,000 thus far discharged from the armed forces during the present conflict, 98 percent for physical defects, only one in seven are receiving compensation for service-connected disability. The average monthly payment is \$30.67. Is this what the people mean when they say, "Nothing is too good for our boys; when they come home disabled we are going to see to it that they receive the very best this great Nation can afford"? Does this monthly allowance represent the intent of the Congress in its enactment of legislation providing monetary benefits for the wartime disabled heroes of our country? We think not.

The power to grant, decrease, or take away entirely the sustenance upon which the disabled veterans and their dependents must depend for life and well-being is too great to be placed in the control of one agency governed by one administrator. Such a system inevitably results in the intimidation and coercion of those charged with the duty of representing the claimant before rating boards. In most cases they are disabled men, and their position depends, in large measure, upon their holding the good will of the administration authorities. No one may represent veterans before that body without the approval of that agency.

This will tend to explain the opposition above mentioned, and also why it is able now to organize in all local veteran facilities throughout the country, from the central office at Washington, a strong movement in opposition to your resolution. Failing in that, to have the standard veteran organizations substituted for the Congress in the making of and conducting the investigation.

Our only hope is that enough outstanding leaders may be found among veteran groups who cannot be intimidated and who recognize the necessity of Congress taking full charge of the investigation, and cooperate with you and the Congress in this important undertaking.

H. R. 150 and H. R. 1533, now pending before the Congress will, if enacted into law, go a long way toward correcting some of the wrongs herein complained of. The only difficulty in this regard is, under the present set-up, the Veterans' Administration exercises the right to place its own interpretation upon the acts of Congress.

The extent to which the acts of Congress have thus been devitalized and the intent of our lawmakers defeated is, I think, too well known to require further comment here. A case in point, however, is Public 361, known as the Voorhis Act. Some may ask, "Is not the power to interpretate law equal to the legislative power?"

I shall send you under separate cover an article on this phase of the subject that goes into some detail, and suggests a remedy. Also at the proper time, I would like to submit to the committee a list of so-called problem cases, now in the files of the Veterans' Administration, and the cold records therein will tell their own story.

Fearing that you might conclude from this rather rambling communication that the writer is some sort of a "nut," with a personal ax to grind, may I respectfully refer you to the Honorable H. Jerry Voorhis, Congressman from this

district. I have known and held Jerry in high regard and esteem for almost 20 years. He knows all my faults and imperfections—they are many. I think he will tell you that overambition for personal gain, position, or notoriety are not among them. I'm not so sure about the "nut" part of it.

Congressman Voorhis is quite familiar with the work in which I am engaged, and he is exceptionally well informed upon veteran problems.

Wishing for you the cooperation and support your endeavors so richly deserve, I hope to remain, sir,

Yours to command,

Copy to Congressman Voorhis.

Mrs. ROGERS. May I see that letter?

Mr. PHILBIN. Yes, surely.

Mr. McQUEEN. Which letter?

Mrs. ROGERS. The one from the Boston doctor.

Mr. McQUEEN. There wasn't any from a Boston doctor.

Mr. PHILBIN. Boston public official.

Mr. McQUEEN. Mr. Philbin, here is a letter that you quoted from, dated March 12, 1945, from San Antonio, Tex., in which the complaint of this man is that he cannot get back in a veterans' facility.
[Reading:]

I was a witness in a Federal investigation and after they found that out those who testified for the Government have not been able to light there and no other veterans' hospital after they find out who you are.

Now, in this letter to you this man states that he was at the Wadsworth facility soldiers' home for domiciliary care, not hospital.

Is that right? Then he states he goes to Excelsior Springs, and then he states he goes to Muskogee, and then he states he goes to Whipple, and then he goes to Tucson, and then he goes to somewhere in Texas, apparently having been in each of those hospitals or homes at his will.

Now, is there anything in that letter as to the treatment that would indicate that this man might be suffering from any mental disease?

Mr. PHILBIN. Well, he said,

They tried to put a mental case on me and I beat them on that.

Then he has a lot of very serious allegations here about doctors that I do not think it is wise to read into the record but the committee might be interested in reading.

Mr. DOMENGEAUX. I think that should be in the record.

Mr. PHILBIN. I understood we were going to keep names out of the record.

Mr. KEARNEY. Do you mean there are charges against certain doctors?

Mr. PHILBIN. Yes.

Mr. KEARNEY. Mr. Chairman, I do not believe those names should be kept out of the record. Any charges against any doctors here we want to know about.

Mr. PHILBIN. I thought they ought to be investigated. I do not think it is fair to stigmatize a doctor until you look into it.

Mr. KEARNEY. But as a basis for complaint.

Mr. PHILBIN. Yes.

The CHAIRMAN. I do not know what the reading is about. I was not here at the moment.

Mr. PHILBIN. It contains some statements about treatments of a doctor.

The CHAIRMAN. We are trying to find out what it is.

Mr. KEARNEY. I take it from Mr. Philbin's description prior to the time I interrupted him that this is a complaint about the ability of these certain doctors.

Mr. McQUEEN. I would like to introduce the whole letter as it is, withholding the name of the complainant and using a number.

The CHAIRMAN. Is that satisfactory to you, Mr. Philbin?

Mr. PHILBIN. Yes.

The CHAIRMAN. Without objection, so ordered.

(The letter, exhibit Y, follows:)

EXHIBIT Y

SAN ANTONIO, TEX, *March 12, 1946.*

Representative PHILBIN,
Washington, D. C.

DEAR MR. PHILBIN: I have a paper clipping where General Frank Hines has taken issue with you in regard to the Veterans' Administration. I want to give you my experience in the Veterans' Administration.

May 5, 1932, Wadsworth, Kans., soldier home, which was a Federal investigation. I was a witness, and after they found out that those who testified for the Government has not been able to light there and no other veteran hospital after they find out who you are. I am going to tell you some of the things they tried to do to me and others. They tried to put a mental case on me, and I beat them on that. I had my teeth pulled out at Wadsworth, Kans. The doctor who pulled them twisted my jaws out of place, and laughed at me about it, and I went to the chief doctor, Alle, he laughed at me when I told him about it, said it was nothing he could do about it. I went to Excelcer Springs, Mo. Dr. Dollen gave me a dose of medicine; in less than 30 minutes I began to cramp and turn blind. I went down to a doctor in Excelcer, just one-half mile, and he gave me something to make me vomite it up, and he advised me not to go back to the hospital. I went on to Muskogee Hospital and would not let me in because there were doctors there from Wadsworth. My health was bad, so I went to Whipett, Ariz. I was there about a week. I asked for a drinlen, a nuse by the name of Scott gave me a shot in the arm for the astma and I passed out and when I came to I was deathly sick for 3 days. I left there as quick as I was able to go.

In May 1944, I came to Tucson, Ariz., and got a job in the dining room of the hospital, worked 3 days. Miss Web, head dietitian, asked me when I left Wadsworth. I asked her how she ever knew I was at Wadsworth. She told me she had a way of knowing these things. So the next day she paid me off, said she could not use me. I asked her my. And she said there is no "why." "Just go out and get your money." She knew well that I was service connected.

I want to state to you that the Veterans' Administration has not one mark of deciplinary action against me. They are avenging me for telling the truth against them in the Federal investigation. I go 2 and 3 months, and don't get my check. I have been fighting for my rights for 12 years, and I am going to keep fighting until I find someone who will get to the bottom of this and give me my rights.

A man came to Wadsworth from Washington, D. C., promised to conduct the investigation, by the name of Kenimire, and promised us there would not be any kick-back. After they turned the fire on us, I wrote to him about it, and received no answer, also wrote to General Hines and received no answer, so then I wrote the President. And I received an answer from Mrs. Roosevelt, and she wrote that she herself had reported the trouble to General Hines, but I never heard a word from Hines, but I do know it made things worse for me.

Now, I am an old man 59 years old. I am asking God to have you have my case investigated, and if you are interested enough to answer I will give you the whole investigation so that it will open your eyes. Frank Hines said he would call on the American Legion, then upon Veterans' Administration and Disabled Veterans. And I have reasons to know that all three organizations are hand and hand with Frank Hines, and when I hear from you I have the best yet to give you.

I will make an affidavit that what I am giving you is the truth, and my jaw can be seen for yourselves, the condition they are in.

Respectfully yours,

The CHAIRMAN. This committee is not trying to hold back anything against anybody. I want that understood now. What we are trying to do is get the facts and correct any irregularities that are being carried on.

Mr. McQUEEN. Now, Mr. Philbin, here is a letter dated March 8. Did that letter come to you through the mail or was it delivered to you, or can you tell?

Mr. PHILBIN. I presume this came through the mail. It came from Camp Pendleton, Oceanside, Calif.

Mr. McQUEEN. Did you read that letter carefully?

Mr. PHILBIN. Yes; I think I did.

Mr. McQUEEN. Without stating it at this time do you recall the nature of those complaints? Do you remember the filthy, obscene language in regard to the women who have been enlisted in the Army?

Mr. PHILBIN. I do not think I included any of that in my article there.

Mr. McQUEEN. You did not, but from the letter itself do you think that is the basis for any complaint, from the material that is in that letter.

Mr. PHILBIN. I think my excerpt there indicated a complaint that might well be looked into.

I am not asserting when I offer these excerpts that they are legitimate. I simply feel that they ought to be looked into.

Mr. McQUEEN. I ask that the entire letter be put in the record.

(The letter, exhibit Z, follows:)

EXHIBIT Z

MARCH 8, 1945.

DEAR SIR: I wish to thank you on behalf of all my buddies and myself for the stand you have taken, as set forth in the enclosed clipping, taken from the Los Angeles Examiner. What it contains is what 75 percent of the men who have ever had anything to do with service hospitals know to be true. Very few of us ever expected anyone in authority had enough guts to say it out loud. What ever your facts may disclose, I can assure you they err on the optimistic side, if anything. What I have to tell you is nothing out of the ordinary. Many men right here at this base have had a much worse time than I have, but through a fear of the consequences, or sheer inertia, do not make their complaints known to you. I can speak only for the Navy medical service, but I think I have seen enough of it to entitle me to speak.

I left the United States in April 1942; and spent 2 years overseas, returning by "hospital" ship in March 1944. I saw action at Bougainville and went out with filirais on the 15th of November 1944. I contracted filirais (a rare tropical disease) during a 14-month stay in American Samoa. At the time the medical authorities knew (and told us) that any man staying there over 3 or 4 months was likely to get it. Knowing this, we were kept there far over the time limit; and between the time we left and the time we went into action nearly half the men were afflicted with it. Many more (such as myself) were forced to drop out of action because of it. Research has been carried on in relation to it for the past 3 years, but today, as all of us who have it can testify, absolutely nothing concrete in the way of treatment has been learned about it. Instead, we who suffer with it are continually fed a line of soft soap by a lot of doctors who know nothing about it, and seemingly do not want to.

Now, though it has been repeatedly proven that long hours at hard work cause a relapse, men so afflicted are being sent back into combat. It is always that way with patients who cannot show a doctor a broken leg or a bullet hole.

Understand me! In battle, emergency wounds, operations, etc., are cared for very efficiently, and with little loss of time or life. Our kick is not with field hospitals and aid stations, it is with mobile and base units far behind the lines. I spent some time in nine different hospitals, and of the five in back areas only two could possibly be considered fit places for a man just out of combat to get decent treatment. Those two are Mobile Base Hospital No. 4, in Auckland, New Zealand, and the naval hospital at Oakland, Calif. In both these places we were treated like human beings instead of dogs. They were nice in every way. The others, Mobile No. 5, in New Caledonia, and especially Base No. 4, in Wellington, New Zealand, and the San Diego Naval Hospital, are much nearer concentration camps than hospitals.

The first thing the doctor told us when we reached Base No. 4 and inquired about what was to be done with us, was that he didn't care about us, we were "burned out" and "shot to pieces" and that all he was interested in treating were men who he could get back into the firing line—men who "still had something to give." This to men who had just come out of battle. The hospital itself, Silverstream, was as beautiful a spot as I have ever seen. When we men first saw it we were enraptured. It was high on a hill, surrounded by taller fir-covered ridges, hillsides blanketed with wild flowers, and from the foot of our hill a broad valley was centered on a lovely stream. And all around the hospital was an 8-foot barbed-wire fence! To keep people out? Not on your life! There was always a line of men standing along the fence, gazing into the valley and wishing to hell they could go out, lie down in the shade of a tree, and go to sleep.

People who run these hospitals seem to know absolutely nothing of elementary psychology. What we wanted was peace of mind, not medicine. Instead we were bound up in all kinds of petty rules and regulations. We couldn't sleep in our bunks during the day, no matter how tired we were; couldn't use the library in the evening; could only see certain shows; use the sanitary facilities at certain times; and liberty—the one thing everyone had lived through hell for—was forthcoming only after so many hours of work a day! As one corpsman told us. "We give you liberty here if we want to; you haven't done anything to earn it." This from a man who had fought the war in New Zealand.

Twice we found maggots in the meat served us. The food, as a whole, was some of the worst I saw while overseas; while Mobile No. 4, also in New Zealand, and with many more men to feed, served the best food any of us ever had in the service—much better than the food here in the United States. To the doctors in the service, no one is sick unless he can show an actual wound, sore, broken bone, etc. All internal aches and pains are the ruse of a man who is shirking, and they usually insult our intelligence by offering us bread pills as some harmless medicine—since it's "all in our minds," anyway. I had tonsilitis in New Zealand, and several doctors told me to have them removed as soon as I returned to the States.

When I returned and inquired about it, my doctor here took one look and said I had no tonsils. When I tried to tell him of the other doctor's statements, he shut me up in no uncertain terms and told me to "get out." After a few occurrences like this, most of us quit going to sick call, often to the detriment of our health. Doctors seldom agree on a diagnosis, and I've known men to be treated for three different ailments by three different doctors in as many hospitals; and, in the end, all three were wrong. Several hundred of us "patients" came back on the same "hospital" ship—a merchant-marine Victory ship. Our meals consisted of an apple and spam sandwich at noon and a fairly substantial (in quantity) meal in the evening. This lasted for 21 days. The patients also swabbed and swept the decks, since it was below the merchant crew's dignity.

The San Diego hospital has been raked over the coals several times, and I believe Walter Winchell once called it America's No. 1 concentration camp, and he hit the nail on the head. When I was there, home at last after 2 long years, liberty was the one thing we all craved. Ah! But to get it, first you must work.

This is how 15 or 20 of us got it: They were turning a big fish pool in the park into a swimming pool. This involved tearing out a number of steel and concrete walls. So we spent 6 hours a day in the sun, with picks and sledgehammers, tearing out the walls, "making little ones out of big ones," as they say at Leavenworth, and carrying away the pieces. Hard work for "patients," but either that or go to sleep at night, as you had done for years.

In closing, a word about nurses. All this nurse draft talk is good for a lot of laughs in the Navy. They may do a good job in the Army, but they aren't given a chance to do anything in the Navy, with the exception of a handful of air nurses. All the rest are a thousand miles behind the lines. It works like this: At the very front, besides the doctor, two medical corpsmen do all the work for a certain number of men. This includes everything from assisting at very delicate operations to emptying bedpans. They work hard and well because it is a matter of life and death. Soon the men are evacuated to mobile units hundreds of miles from the fighting—usually a rear-area island.

Here, by which time the men have either began to recover or already died, they add a nurse, making two corpsmen and a nurse doing what was done by two corpsmen alone under the worst conditions. By the time you reach the States another corpsman or nurses' aide (Wave) has been added; four people taking care of the now almost recovered men. And they talk of a manpower shortage. I have yet to see a nurse mop a floor, empty a bedpan, or in any other way inconvenience herself. Men always do the work (corpsmen usually, but sometimes patients). A nurse usually limits her duty to the patient to taking his temperature or telling him to go dress or undress somewhere else so she won't see anything that, seemingly, would shock her. And if, fed up by silly rules, and in pain from some wound he should forget for a moment that she is an officer, and tell her what he thinks of the medical service in general, and her in particular, he is usually locked up for his lapse of memory. This is a commonplace occurrence.

This brings me to the real point where nurses are concerned; a point so obvious that no one who ever gave it the least thought can deny: that nurses are sent overseas for no real reason except the pleasure of the officers. This would bring a scream of wrath from the nurses and officers alike, but it is so obvious that men overseas gave up discussing it. And please don't think I talk from rumor or hearsay. I am a musician and in that capacity have played many an officers' dance and similar functions and speak from experience. Many nurses make no bones about it. As one told me in New Caledonia: "I've been here 15 months. I'm not allowed to go with enlisted men, certainly can't go with the natives and can't sit in the barracks month after month. To keep from going crazy I have no choice but to play ball with the officers. And they know it." Now they scream for more nurses overseas. I don't blame them.

Mind you, we don't mind them having them. But we do think they could at least pass it around a bit. Also, why take women who could really do some good if given the opportunity? Must we pay our whores \$200 per month and give them commissions too? Let's be satisfied with a slightly lower grade woman and give everyone a chance. Every returning boat (including ours) brings back several pregnant nurses. Can we afford this waste during a war?

I'm certain nothing I've said is new to you, but I wanted to let you know you're dead right about it, and anytime you wish I can get the same stories from hundreds of my friends. I have absolutely no hope that anything will come of your investigation since I know how the service can cover up, but it's nice to know someone in authority knows a few of the facts. Please don't use my name in connection with this, as I have no desire to be transferred to China.

The best of luck to you,

The CHAIRMAN. Mr. Philbin, you are a lawyer, are you not?

Mr. PHILBIN. Yes, sir.

The CHAIRMAN. If you were a presiding judge would you admit these letters?

Mr. PHILBIN. No, but I think you are on an entirely different footing.

I think Congressmen trying to correct any conditions that exist are not bound by legal evidence.

The CHAIRMAN. I was trying to get your view.

Mr. PHILBIN. I appreciate what you mean, sir. And I think you can always get legal evidence on these matters that are subject to inquiry.

I think all of us when we receive mail which contains charges, we have to look into them through our regularly designated committees of Congress.

The CHAIRMAN. Do you not think it would have been more fair to Congress and the Administration when you were reading these excerpts, to have read the whole letters?

Mr. PHILBIN. Well, during your absence I explained how I prepared those.

The CHAIRMAN. I did not mean to interrupt you.

Mr. PHILBIN. I prepared these for my hearings before the Rules Committee, and I got them together very hurriedly to show examples of some of the complaints I was receiving, and of course, obviously, I did not have the time to look into all those complaints. I thought that you had the function of the committee to make investigation and check on these complaints.

Mr. McQUEEN. Now, here is a letter under date of March 12 from California, the last one that you have quoted in here.

It pertains to a man of the age of 75 years who died in the hospital about 36 hours after he went in.

Mr. PHILBIN. Yes.

Mr. McQUEEN. After he was taken in.

Now, that case happened over 2½ years ago, did it not?

Mr. PHILBIN. I believe it it did.

Mr. McQUEEN. That letter apparently was prompted by the publicity of your request for an investigation.

Mr. PHILBIN. Well, I believe this matter is still pending in the files of the Department of Justice.

Mr. McQUEEN. The matter was turned over to the Department of Justice about the complaint of the Veterans' Administration, or upon the request of the Veterans' Administration in the facility, was it not?

Mr. PHILBIN. I am not sure about that, but I do understand that the matter is still pending in the Department of Justice.

Mr. McQUEEN. And it is 2½ years old.

Mr. PHILBIN. Apparently.

Mr. McQUEEN. Yes.

I would like to introduce that letter in full.

The CHAIRMAN. Without objection, so ordered.

(The letter, exhibit ZZ, follows:)

EXHIBIT ZZ

ALHAMBRA, CALIF., March 12, 1945.

Honorable Mr. PHILBIN,

Representative from Massachusetts, Washington, D. C.

DEAR SIR: I am enclosing a clipping from the Los Angeles Times. I want to call your attention to the case of John R. Casper, my husband, who died at the Veterans' Hospital at Sawtelle on April 12, 1943.

The death certificate stated he died from terminal pneumonia due to fractured ribs. He entered the veterans' hospital at 3 p. m., February 9, 1943, and died April 12 at 3 a. m. He had five fractured ribs on the right side, three on the left side, and a fractured sternum bone. Also a large bruise on his jaw. He had no bruises when he entered the hospital. That was brought out at the coroner's inquest, which was held at Sawtelle on April 19, with six patients of that hospital acting as jurors.

I went to the district attorney's office in Los Angeles to ask that they investigate as I did not know the United States district attorney's office was the proper place. Mr. Leo Silverstein was United States district attorney at that time. He asked the FBI to investigate, and they did. I told the FBI investigator my

story and he told me, "I will go down and put the heat on there at Sawtelle, but they may have such an air-tight story we cannot break it," which they did have and I believe, and have from the first, that Mr. Casper was brutally murdered at Sawtelle. At the inquest it was brought out by the testimony of their employees and Dr. Paul S. Traxler, the officer of the day, testified that he ordered Mr. Casper tied hand and foot in bed with shackles on his feet and arms and a heavy restraint sheet over that tied to the bed in a ward with 15 violent patients and was kept in that cruel and inhuman position 10 hours.

Mr. Casper was 75 years old, had been suffering from cardiac asthma and had not been able to lie down in bed for months. Dr. Herbert Brooks, of Alhambra, was at our home 1 hour before Mr. Casper went to Sawtelle and told the physician of his condition when he arranged for Mr. Casper to go to Sawtelle. Dr. Brooks made a sworn statement Mr. Casper showed no symptoms of fractured ribs, and he had gone over his chest with a stethoscope both at the front and back of his chest. After 10 hours in that cruel restraint Mr. Casper was found at about 6 a. m., April 10, 1943, gasping for breath and the orderlies removed restraint as they did not want him to die tied down he testified. Dr. Paul S. Traxler ordered the restraint and the nurse testified Dr. Traxler went to the ward to see Mr. Casper after he was tied down with the 15 violent patients, and he was the only patient in restraint. The rest were loose, and he was at their mercy.

Dr. C. V. Borrow, the ward physician, lied to me from the minute I entered the ward, and I could see he was trying to protect the hospital. The hospital called me at about 10 on April 10, saying Mr. Casper's condition was critical. When I went to his room he was in complete collapse, every breath causing excruciating pain in his right side. Two ribs were almost protruding from his side and with each breath there was noticeable crepitation where the sternum bone was fractured. Mr. Casper knew me and told me they "had been fighting him." I have tried every way to find out the truth, of who was responsible for Mr. Casper's death. After almost 2 years I have had the case reopened and a Mr. Wilbur of the FBI is investigating my side of this case.

I wrote to Mr. Atherton of the American Legion to look into the case. His reply was their investigation revealed nothing permitting objections to the treatment accorded to Mr. Casper, while a patient at Sawtelle which leads me to believe that they thoroughly concur in tying an old gentleman down in bed, when it is impossible for him to breath lying down, and of course hastened his death.

I also wrote Dr. Charles Griffin, chief medical director of the Veterans' Administration, and complained that Dr. Traxler was still employed at Sawtelle as a physician and could order similar treatment to any veteran who came under his care. Dr. Griffin ignored this information.

I have hopes that something will come of this case with the investigation that has now been started. I have great confidence in the FBI.

I am asking you to interest yourself in this case for from observation and information gathered in the past months, I feel Mr. Casper probably was not the first to receive such treatment and others may receive similar treatment in the future.

On September 25, 1944, I wrote Mr. Francis Biddle of the Department of Justice regarding this case, advising him that I had submitted six affidavits to the United States district attorney in Los Angeles but in spite of this the case was dormant until I received a letter from Mr. James McGraney, assistant to Mr. Biddle, advising me to submit what evidence I had to the United States district attorney in Los Angeles, which I did. I believe that has been instrumental in having the case reopened.

I was Mr. Casper's wife for almost 52 years, and he served his country when he was called on, and he deserved to be treated kindly at the veterans' hospital, as he was entitled to care there. I am willing and able to go to Washington and testify before a congressional committee if it is necessary. I trust you will be able to assist me in bringing out the true facts regarding the injury which caused Mr. Casper's death, and that the veterans' hospital at Sawtelle will be forced to tell the truth, which they have not done to this date.

May I have your early reply?

Yours very truly,

Copy to Hon. Jerry Voorhis.

ALHAMBRA, CALIF., March 12, 1945.

Congressman PHILIP J. PHILBIN,
Washington, D. C.

DEAR SIR: There was an error in the information I sent you today regarding John R. Casper. He entered the veterans' hospital at Sawtelle on April 9, 1943—not February, as stated in letter. He died on April 12, 1943—less than 3 days after entering the hospital.

[Telegram]

LOS ANGELES, CALIF., May 11, 1945.

Congressman PHILIP J. PHILBIN,
House of Representatives, Washington, D. C.:

Re your telegram, John R. Caspar, copies of FBI reports in possession of Department. Suggest you contact Tom C. Clark, Assistant Attorney General.

UNITED STATES ATTORNEY.

[Telegram]

To United States Attorney, Los Angeles, Calif.:

Would appreciate it if you would have teletyped to department here for transmittal to me full particulars your investigation case late John R. Caspar, who died at Veterans' hospital, Sawtelle, April 12, 1943. Understand his widow residing 1817 South Third Street, Alhambra, has communicated with you seeking assistance. Please advise me direct whether you are in position to furnish this information, urgently needed in connection with pending House investigation, Veterans' Administration. Thanks.

Congressman PHILIP J. PHILBIN.

MAY 15.

Office of Tom Clark, Assistant Attorney General, requested the file on the Caspar case, which the secretary inadvertently stated was in that section of FBI which handles murder cases.

FBI does not release any information from its files, even to congressional committees. Will be pleased to furnish names of witnesses interviewed.

Mr. Biddle and Mr. McGranery are the only two members of the Justice Department who are at liberty to disclose any information on any FBI case.

CLIFF: Mr. Vanesch, McGranery's office, extension 10 or 13, called re Caspar case. Stated case not yet completed on charge of manslaughter. When completed will be glad to give you facts. You can probably worm more out of him so why don't you call him now. It might save the day.

HINES IN ACTION

Veterans' Administrator Frank T. Hines said today he will "go into the whole question of veterans' hospitalization" with commanders of three veterans' organizations. Representative Philbin, of Massachusetts, last Wednesday introduced a House resolution for a congressional investigation of what he called "alleged intolerable conditions and irregularities" in the treatment of hospitalized war veterans. Hines said today he is making "a thorough investigation of every hospital."

Mr. McQUEEN. Now, Mr. Philbin, yesterday, going back to some of the testimony here if I can pick it up—you introduced your resolution on March 7, and you extended these remarks in the Record about March 24.

Mr. PHILBIN. That is true.

Mr. McQUEEN. Where did you get the information, the first information, upon which you based your request for an investigation?

Mr. PHILBIN. Well, in the letters that you have I think you will find charges of a similar nature to those that have been set forth in the record.

Mr. McQUEEN. Well, were not those letters dated after March 7?

Mr. PHILBIN. A great many of them were dated after March 7 but I think there are also a great many of them that were dated before March 7.

Mr. McQUEEN. Did you talk to anyone else?

Mr. PHILBIN. Of course, I have had some investigations of these matters in my own district, and as the result of some conditions that were complained of in the hospital in my own district last summer an investigation was made by the Veterans' Administration, and a change was made in the personnel, the management.

Of course at that particular time these came to my attention a great many of these complaints.

Mr. McQUEEN. That was not as broad in scope as what you have here though, Mr. Philbin, was it?

Mr. PHILBIN. No.

Mr. McQUEEN. And did you talk to anyone else in regard to this investigation?

Mr. PHILBIN. What do you mean?

Mr. McQUEEN. About instigating the investigation of the veterans' facilities and hospitals and so forth.

Mr. PHILBIN. Well, I talked to a great many people about it.

Mr. McQUEEN. Who?

Mr. PHILBIN. My secretary—

Mr. McQUEEN. Well, can you give us the names of some of those people you talked to.

Mr. PHILBIN. I have had discussions with the chairman about it, as a matter of fact, at different times.

As a matter of fact, at the time of the investigation of the Rutland facility that was conducted by General Hines I was about on the verge of introducing a resolution at that time but I held it up.

It was ultimately settled. I think the conditions in that facility have definitely improved.

The CHAIRMAN. What facility is that?

Mr. PHILBIN. That is a facility in my district, the Rutland facility. At that time I wired you about it.

The CHAIRMAN. Did you go through the Rutland facility?

Mr. PHILBIN. Yes.

The CHAIRMAN. How long since you have been through the Rutland facility?

Mr. PHILBIN. I have not been through it for several months.

The CHAIRMAN. And you have not been through it since you started this?

Mr. PHILBIN. No.

Mrs. ROGERS. Do you think they have enough doctors there now?

Mr. PHILBIN. Yes; I think it has definitely improved.

Mr. McQUEEN. Now, you stated yesterday you thought the veterans' insurance claims were not properly handled.

What did you mean?

Mr. PHILBIN. I think I made it not only in my statement yesterday but in other addresses in regard to this matter that there is a backlog, and I illustrate by the fact that private insurance companies often settle their claims in a few days, but it takes several months to settle many of these veterans' insurance claims.

Mr. McQUEEN. Do you know how long it takes to get the veterans' insurance claims from the Army, or the notification of it?

Mr. PHILBIN. Well, I think there is some delay about that, and that the delay cannot be attributed entirely to the Veterans' Administration.

Mr. McQUEEN. Do you know how long?

Mr. PHILBIN. No; I do not know. I imagine there is some considerable delay in getting those records.

Mr. McQUEEN. You complain of compensation claims. What is your general complaint about compensation claims, so we can get it before the committee?

Mr. PHILBIN. There have been delays, and I think the letters from the Veterans' Administration will bear that out.

Mr. McQUEEN. What kind of delay; how long a delay?

Mr. PHILBIN. Well as a matter of fact, to my last knowledge there was something like 88,000 claims pending unadjudicated. I do not know the figure.

I have had many complaints and letters, if you will observe the letters that you will have from my files that I have turned over to you of delays of several months before these cases are adjudicated. boys who were discharged from the Army and Navy and who have no means, and who have to wait several months before they can get their claims adjudicated.

I think every Member of Congress has had those cases.

Mr. McQUEEN. What is your complaint in this about appeal?

Mr. PHILBIN. That there was a long delay in perfecting the appeal and making these decisions on appeals.

Mr. McQUEEN. Can you give us a specific case?

Mr. PHILBIN. I would not be able to give them to you offhand but I think there are many of them in my files.

Mr. McQUEEN. You made the statement yesterday that the red tape had slowed up the process. Give us some specific instances so we can get at those things and try to correct them.

Mr. PHILBIN. Well, I think all along the line we have red tape.

Perhaps we are understaffed in some of the facilities and the work on appeals has piled up.

Mr. CUNNINGHAM. Mr. Chairman, I wonder if there is some way of getting facts, and not just what he believes.

I do not believe we are getting information that we can depend on.

Mr. McQUEEN. Have you met Albert Q. Maisel?

Mr. PHILBIN. I have met Mr. Maisel.

Mr. McQUEEN. When?

Mr. PHILBIN. I would say some time in the week of—I would not want to say exactly—about the middle of March.

Mr. McQUEEN. After this investigation—

Mr. PHILBIN. After I had introduced my resolution.

Mr. McQUEEN. Did you confer with him about the matters which you put in the record?

Mr. PHILBIN. No; I did not.

Mr. McQUEEN. Did you confer with him about the matters which appeared under his name?

Mr. PHILBIN. I conferred with him about some of the articles that appeared under his name in the Cosmopolitan magazine.

Mr. McQUEEN. Had the article at that time been printed?

Mr. PHILBIN. It had been published and printed.

Mr. McQUEEN. Do you know Mr. Albert Deutsch?

Mr. PHILBIN. No; I do not.

Mr. McQUEEN. Did you ever communicate with him?

Mr. PHILBIN. I think maybe he may have sent me letters—I think he sent me letters, but I would not want to say that for sure.

My impression is he may have written me letters about the subject matter of the inquiry.

Mr. McQUEEN. Did you answer those letters?

Mr. PHILBIN. I presume I did.

Mr. McQUEEN. Well, may we have that?

Mr. PHILBIN. It may be in my file. If I received a letter from Mr. Deutsch—if I received a letter from him it will be in the files.

I am under the impression I received a letter from him and an excerpt from his newspaper of several articles he had written on these matters.

I do not know Mr. Deutsch and have never met him.

The CHAIRMAN. May I ask a question, Mr. McQueen?

Mr. McQUEEN. Yes.

The CHAIRMAN. Have you any articles in this from this Communist Daily Worker?

Mr. PHILBIN. No; I do not have correspondence with those who write the Communist Daily Worker.

The CHAIRMAN. Well, you are aware of the fact that PM is about as Communist as the Daily Worker, are you not?

Mr. PHILBIN. Well, I would not care to answer on that.

Mr. RAYFIEL. May we go into executive session for a few minutes?

Mr. McQUEEN. Well, may I finish with this witness, if Mr. Rayfiel will allow?

The CHAIRMAN. Yes.

Mr. McQUEEN. Now, Mr. Philbin, your speech of March 24 quoting the excerpts from these letters all went into the record just prior to the time that the Cosmopolitan article appeared on the streets.

Is that not right?

Mr. PHILBIN. No, no; I think it was 2 or 3 weeks afterward.

Mr. McQUEEN. Well, what dates, generally speaking, does the magazine come on to the street?

Mr. PHILBIN. I think around the first of the month.

Those have no reference to the Cosmopolitan.

Mr. McQUEEN. Did you notice any similarity between those articles and those printed in the Cosmopolitan?

Mr. PHILBIN. No; I did not think there is any similarity to those articles.

Mr. McQUEEN. Did you ever talk to any agent of Mr. Maisel or Mr. Deutsch?

Mr. PHILBIN. No. I saw Mr. Maisel personally in my office.

Mr. McQUEEN. And did you turn over any complaints to him at that time or give him any correspondence—

Mr. PHILBIN. No; I did not. And Mr. Maisel never got anything from my office.

My talk with him was quite general and for not long.

Mr. McQUEEN. Now, to sum up, Mr. Philbin, no letter, no communication that we have spoken of and put in the record, no letter or no statement made yesterday, is based upon any personal investigation. Is that right?

Mr. PHILBIN. That is true.

Mr. McQUEEN. Anything in your statement that was put in the record yesterday, any excerpt from these letters, came from unknown sources to you as to conditions in the Veterans' Administration and veterans' hospitals?

Mr. PHILBIN. Well, I should say they came from sources that are in most cases ascertainable.

Mr. McQUEEN. Well, how about that gentleman from Boston?

Mr. PHILBIN. I did not say anything but what it would be easy for this committee to get.

Mr. McQUEEN. Now, if the Chair please, I would like to have the opportunity to check these communications against the files of those which are veterans to find out the physical and mental conditions of the patients.

The ones that are not veterans we are not worried with at all.

And I then ask, consistent with Mr. Philbin's other duties here, that he be back with us and go over those matters when we have processed those.

The CHAIRMAN. Is that satisfactory, Mr. Philbin?

Mr. PHILBIN. Yes; surely.

Mr. McQUEEN. That is all I have.

Mr. VURSELL. Mr. Chairman, I would like to ask one question.

The CHAIRMAN. Let us alternate, Mr. Vursell, if you do not mind. I think we will get through more rapidly.

And I am going to take the ranking member of the majority first and then the minority, if that is satisfactory with the committee.

I am going to call on Mr. Peterson, of Florida.

Mrs. ROGERS. Mr. Peterson does not answer. I will ask Mrs. Rogers.

Mrs. ROGERS. Do you feel, Mr. Philbin, if you were a veteran you would hesitate to criticize the care in the veterans' hospital?

Mr. PHILBIN. Well, I think that where you have so many complaints that the Congress ought to look into the complaints. That is my feeling about it.

And as I have said repeatedly, and as I have said here, I do not want anyone to assume that I stand behind any of these allegations as to their accuracy and truth.

Mrs. ROGERS. I do not believe you understood my question. What I wanted to ask was if you were hospitalized in a veterans' hospital would you hesitate to make it public?

Mr. PHILBIN. Oh, yes; I would.

Mrs. ROGERS. In the matter of running the hospital down?

Mr. PHILBIN. Yes. They have that feeling—right or wrong.

Mrs. ROGERS. Do you think the personnel has the same feeling?

Mr. PHILBIN. Yes; I do.

Mrs. ROGERS. Did you talk with the nurses in going through the hospitals?

Mr. PHILBIN. No.

Mrs. ROGERS. Regarding the nursing care?

Mr. PHILBIN. No. I have no direct knowledge on this, I think the committee will have to get it.

Many of these hospitals are overcrowded, and I think that some of them may be understaffed, but those are the things that I think the committee can ascertain very readily.

Mrs. ROGERS. Do you feel in the tubercular cases that constant nursing is important?

Mr. PHILBIN. Yes; I think that is very important in those cases.

Mrs. ROGERS. And also in the mental cases?

Mr. PHILBIN. Yes. Proper attendants.

Mrs. ROGERS. Did you have any complaints from the doctors in going through?

Mr. PHILBIN. No. I do not think any of the doctors registered specific complaints.

Mrs. ROGERS. Regarding the adequacy of the supplies?

Mr. PHILBIN. Regarding what?

Mrs. ROGERS. Adequacy of the supplies or lack of them.

Mr. PHILBIN. No; I did not have that.

Mrs. ROGERS. They did not tell you about it?

Mr. PHILBIN. No.

Mrs. ROGERS. Is it not true of psychiatric hospitals that there are many cases which are not really mental cases or nervous cases?

Mr. PHILBIN. Those allegations have been made, and that is the reason I suggested small rest homes be established.

Mrs. ROGERS. Do you think there are men who have epilepsy who are not normal when they are having attacks, but who are normal when they are not having attacks?

Mr. PHILBIN. Yes.

Mrs. ROGERS. Do you think it is unfair to assume that all veterans in mental hospitals are mental cases?

Mr. PHILBIN. Yes. And I have suggested the establishment of small rest home units where these borderline mental nervous cases can be hospitalized so that they would not have to be put into these big institutional hospitals and thrown in with cases that definitely are neuropsychiatric cases but up to this time I have not been able to persuade the Veterans' Bureau it would be the wise thing to do.

Mrs. ROGERS. And do you find of the veterans from this World War that many of them hospitalize for a short time in mental hospitals?

Mr. PHILBIN. Yes.

Mrs. ROGERS. To give them a rest.

Mr. PHILBIN. Yes. A great many of them are restored fairly quickly.

The CHAIRMAN. But they are afflicted or they would not go to the hospital?

Mr. PHILBIN. That is true.

The CHAIRMAN. Mr. Allen, of Louisiana?

Mr. Cunningham, of Iowa?

Mr. CUNNINGHAM. Just one or two questions, Mr. Chairman.

Mr. Philbin, I appreciate your sincerity in wanting to aid the veteran, and I am sure that is the attitude of every member of the committee where there is a well-founded complaint, but from listening to your statements I have been unable to differentiate the specific instances that are the bases for a complaint that we can do something with. So much of what you have given is simply general and anonymous, and I am wondering if you could not aid the committee by going over your records and singling out the specific complaints so that we could go after them.

I do not see how this committee can investigate very much from what you have given.

Mr. PHILBIN. I have turned over all my files; I think there are about 800 letters.

Mr. CUNNINGHAM. I understand. You have gone through those and attempted to pick out the ones that are specific? I have not noted that in your testimony, and I wonder if you could not aid the committee at a future time by rechecking all your files and getting specific complaints so we would know where to start.

Mr. PHILBIN. Of course, I could do that—

Mr. CUNNINGHAM. We cannot investigate every rumor or we would be going on to doomsday.

Mr. PHILBIN. I say these letters are more than rumors. I think they are leads.

Mr. CUNNINGHAM. Well, that is your opinion, now, Mr. Philbin, and you are enough of a lawyer to know we cannot rely on that sort of a statement.

We have been authorized to make the investigation and that is why we are here. We need the specific charges.

I am interested in those. I do not mean to criticize you.

Mr. PHILBIN. I understand that.

Mr. CUNNINGHAM. But I do not think you have given the committee much help in the matter of specific charges that we can work on. I would like if you could do that.

Mr. PHILBIN. I wonder whether or not the counsel and associate counsel of your committee could not analyze those letters.

Mr. CUNNINGHAM. I wonder if he and you together could not do that?

Mr. PHILBIN. I will be glad to work with him and collaborate with him.

I will be very glad to do that, of course, Mr. Chairman, as I have told you.

The CHAIRMAN. Mr. Gibson?

Mr. GIBSON. I just have one question. Do you, of your personal knowledge, know of any improprieties which existed in any veterans' hospital in the United States?

Mr. PHILBIN. No; not on my personal knowledge.

Mr. GIBSON. That is all.

The CHAIRMAN. Mr. Kearney?

Mr. KEARNEY. I do not know as I have any questions, Mr. Chairman, but there is one thing I want to impress on the committee and I think Mr. Philbin would agree with myself in this thought.

Now, I have gone through several of these veterans' hospitals, and when you take a witness like Mr. Philbin and myself who are not

medical, so far as the medical treatment is concerned we just cannot answer more than just a conclusion that we think certain things have to be done, and in order to get the testimony we have to have the testimony of competent doctors.

Mr. PHILBIN. That is right. I think you have to get the direct testimony, and I am sure you will get it.

The CHAIRMAN. Have you had any of these complaints come from doctors, in or out of hospitals?

Mr. PHILBIN. What?

The CHAIRMAN. Have you had any of these complaints come from doctors in or out of hospitals?

Mr. PHILBIN. Some of my complaints have come from doctors out of hospitals.

The CHAIRMAN. Who are they?

Mr. PHILBIN. I think I have had some articles brought to my attention that appeared in some of the medical journals recently.

The CHAIRMAN. Written by a man named Fishbein?

Mr. PHILBIN. No; I think he wrote some, but I think there are some others.

I will try to get those.

The CHAIRMAN. You know Fishbein is not a doctor, never has been, do you not?

Mr. PHILBIN. You mean the head of the Medical Association?

The CHAIRMAN. Yes. He is not a doctor, as I understand, never has been. Is that correct?

Mr. PHILBIN. I do not know anything about his background.

The CHAIRMAN. Now, if you have any complaints from reputable doctors I would be glad if you would bring them in and submit them to Mr. McQueen and let us see what those complaints are based on.

Mr. PHILBIN. I would be glad to.

The CHAIRMAN. Mr. Bennett, of Missouri.

Mr. Domengeaux.

Mr. DOMENGEAUX. I have no questions.

The CHAIRMAN. Mr. Scrivner.

Mr. SCRIVNER. In your remarks of March 7 it caused a great deal of consternation among families of veterans when you made the statement that some of these veterans' hospitals resembled concentration camps.

Do you have any knowledge of that?

The CHAIRMAN. What was that statement, Mr. Scrivner?

Mr. SCRIVNER. I asked him if he had any personal knowledge of any veterans' hospitals which resembled concentration camps.

Mr. PHILBIN. That was concerning the hospital in Rutland but that language was taken verbatim out of that petition at that time.

I communicated with you, Mr. Chairman, at that time, and conditions at that hospital have been corrected.

Mr. SCRIVNER. And from your own personal knowledge—

Mr. PHILBIN. No; I have not seen these.

Mr. SCRIVNER. Is that also true about harsh discipline?

Mr. PHILBIN. Yes. Those were not allegations that I have any personal knowledge of.

Mr. SCRIVNER. Now, have you any personal knowledge of poor food?

Mr. PHILBIN. No.

Mr. SCRIVNER. What hospital was that?

Mr. PHILBIN. That related to the veterans'.

Mr. SCRIVNER. At Rutland?

Mr. PHILBIN. Rutland.

Mr. SCRIVNER. Did you ever go into the hospital and eat the same food?

Mr. PHILBIN. No; I have not eaten there.

I had a petition signed by about half of the patients complaining about the discipline and the food.

Mr. SCRIVNER. Then did you go down and visit the hospital and test the food?

Mr. PHILBIN. No; I have not tested the food.

Mr. SCRIVNER. In that was an allegation of inadequate treatment. What does that relate to?

Mr. PHILBIN. That relates to many hospitals.

Mr. SCRIVNER. Do you have any definite information about inadequate treatment of any of the hospitals?

Mr. PHILBIN. There are some articles in the Record today—

Mr. SCRIVNER. You have mentioned overcrowding.

Mr. PHILBIN. Yes.

Mr. SCRIVNER. In those hospitals did you estimate what the floor space was so that you could determine whether or not the space allocated to each patient was in conformity with the standard practice in other hospitals?

Mr. PHILBIN. No; I did not measure the floor spaces.

There are so many complaints concerning overcrowding that I take it that is more or less accepted that there is overcrowding.

Mr. SCRIVNER. The reason I asked that is because there have been charges in three hospitals I have recently visited. I ascertained how much floor space there was, and it is just a matter of mathematical determination, and then there are standard medical practices that say each patient should have so much space, and I just wondered if you had done that in any of these hospitals.

Mr. PHILBIN. I have not; no.

Mr. SCRIVNER. Then I think in that same article you mentioned that the latest scientific medical treatment was not being adopted.

Mr. PHILBIN. Yes.

Mr. SCRIVNER. Do you have knowledge of that of any specific hospital?

Mr. PHILBIN. No; I would not say I have that.

Mr. SCRIVNER. Then March 24 you made the statement that conditions in Government hospitals are unspeakable "and of that we have abundance of evidence."

Mr. PHILBIN. Yes.

Mr. SCRIVNER. Now, the evidence I presume are the letters you have been receiving?

Mr. PHILBIN. Yes.

Mr. SCRIVNER. So that none of the information upon which you have based your statements in the record and here are based upon personal knowledge?

Mr. PHILBIN. That is true.

Mr. SCRIVNER. That is all.

The CHAIRMAN. Mr. Engle of California.

Mr. Auchincloss, of New Jersey.

Mr. AUCHINCLOSS. No questions, Mr. Chairman.

The CHAIRMAN. Mr. Ervin, of North Carolina.

Mr. Vursell, of Illinois.

Mr. VURSELL. I would like to ask the witness if he knows about how many patients there are in the various hospitals under the Veterans' supervision, approximately?

Mr. PHILBIN. No. I do not believe that offhand I would know.

Mr. VURSELL. Well, you would not know how many of them are classified as psychoneurotic?

Mr. PHILBIN. No; I would not have any figures regarding the breakdown of those various categories.

Mr. VURSELL. Now, for your information there are about 65,000 patients of this great organization, coming from the families over the Nation; and of that 65,000 about 45,000 of them are in various degrees mental cases.

Now, the question I would like to put to you is in view of the fact that you say now that you have no knowledge of your own of the ill-treatment or maltreatment of these patients, rather than to alarm the whole Nation would it not have been better to have gone into conference with the Veterans' Committee here and possibly General Hines and tried to work this thing out without hurting the morale of the relatives by the millions over the United States, when it comes to the finish here now that you have a few letters, many of them unsigned, from people, most of them mental cases, whose testimony would not be taken as fully credible in any court?

I am rather amazed at the situation we are in here.

Mr. PHILBIN. There are several hundred letters, Mr. Vursell, and the complaints were so widespread that I thought they ought to be investigated.

I think they embrace this whole rehabilitation structure, and I think where conditions of this sort are complained about so generally that certainly the Congress of the United States ought to act.

I am sure this committee will act.

The CHAIRMAN. Is that all, Mr. Vursell?

Mr. VURSELL. That is all.

The CHAIRMAN. Mr. Stigler.

I overlooked you a while ago, and I apologize profusely.

Mr. STIGLER. No questions.

The CHAIRMAN. Mr. Ramey, of Ohio.

Mr. RAMEY. Mr. Philbin, we certainly appreciate the help here.

I have visited eight hospitals and have talked with some witnesses.

The situation I found that has been the most difficult is the nurse attendant.

My experience is that there should be at least one attendant for every four veterans.

I believe most of them are paid \$100 a month, and you just cannot get them.

It seems to me these attendants should be paid at least twice that, and should be made a career. It seems to me they should not be called attendants but associates, big brothers, after this war is over.

Mr. PHILBIN. Yes.

Mr. RAMEY. You see, the doctor gives an examination and he is gone.

Do you not think if the job of attendants was made professional, called an associate, have the attendant that he is a big brother —

Mr. PHILBIN. Yes, I think that is a suggestion the committee might well consider carefully.

Mr. RAMEY. I have visited several of these hospitals and have gone incognito and talked to persons who had complaints.

When I went to the managers I found them cooperative.

Have you not found that to be the case?

Mr. PHILBIN. Yes.

Mr. RAMEY. In one case a man jumped on a man's stomach. He has been tried in the district court of Columbus, Ohio. I believe I asked the chairman to get the court proceedings.

And you found the managers cooperative?

Mr. PHILBIN. Yes. That is true of the veterans' hospitals that when these matters are brought to their attention they move to correct them, but I think there has been some delay.

Mr. RAMEY. The biggest delay has been the facilities.

Mr. PHILBIN. Yes.

The CHAIRMAN. Is that all, Mr. Ramey?

Mr. RAMEY. That is all, thank you.

The CHAIRMAN. Mr. Carnahan, of Missouri?

Mr. CARNAHAN. In the several hundred letters that you say you have received, have any of those letters expressed dissatisfaction with the treatment the patients received?

Mr. PHILBIN. Yes; a great many of them.

Mr. CARNAHAN. About what percentage of them?

Mr. PHILBIN. Well, there is a great portion of the letters that expressed dissatisfaction with the treatment.

Mr. CARNAHAN. And from your correspondence and your knowledge do you believe that discrimination is practiced against the veteran if he expresses dissatisfaction with the treatment he receives at the hospital?

Mr. PHILBIN. I would not want to say that is so, but I think a great many veterans, as Mrs. Rogers has alluded to the fact, and perhaps officials of these hospitals, are under the impression that if they approach congressional committees or Congress or official sources that there may be reprisals.

That runs through much of the correspondence I have received.

Mr. CARNAHAN. And did I understand you to say many of the mental cases have been restored in the hospitals?

Mr. PHILBIN. I think that is true. Of those who come from overseas the less serious mental cases have yielded to treatment in the Army or Navy hospitals or later in the veterans' hospitals.

Mr. CARNAHAN. Would this not indicate that the mental hospitals are doing a pretty good job?

Mr. PHILBIN. Yes. Of course everybody recognizes that they have great problems, and I really do think they are trying to do the best they can. The question is whether Congress can provide more facilities to eliminate whatever unfavorable factors there are in this situation.

The CHAIRMAN. Mr. Pickett, of Texas?

Mr. PICKETT. Mr. Philbin, do I understand that you charge the actual truth of the conditions as you have described them, or do I

understand that you have charged that complaints of the nature received are evidence upon which an investigation should be brought?

Mr. PHILBIN. That is right—that the complaints received are so widespread and so serious that an investigation ought to be made.

Mr. PICKETT. You do not charge then yourself that the conditions actually exist?

Mr. PHILBIN. That is true.

Mr. PICKETT. Other than to bring it before this committee.

Mr. PHILBIN. That is right, and ask an investigation.

Mr. PICKETT. Now, Mr. Philbin, there was sent to the members of the committee—at least I received it—for release in the afternoon papers of March 7 and the morning papers of March 8 certain statements.

Quoting from the press release [reading]:

Philbin stated that material in his files evidenced that "bureaucratic red tape" was throttling the granting of relief, loans, and educational privileges authorized by the so-called GI bill of rights.

If I understand you then, the material you have produced was only for the purpose of bring evidentiary matter before the committee, and you do not charge those conditions actually exist.

Mr. PHILBIN. That is right.

Mr. PICKETT. Now then, reading further:

He charged that—

1. The latest advances of medical science have not been comprehensively or fully utilized, particularly in the treatment of tubercular and psychiatric patients.

Now, can you testify to your own knowledge that that is true?

Mr. PHILBIN. No; that is something medical experts would testify about.

Mr. PICKETT. Are you able to make any suggestions as to how the situation might be corrected?

Mr. PHILBIN. Yes; I think the committee can get competent medical testimony on the point and get their recommendations and suggestions as to the service.

Mr. PICKETT. Whom do you suggest we call?

Mr. PHILBIN. Well, I think you want to call the heads of the various medical associations, that you want to call—if they have the information—officials of the various outstanding medical schools throughout the country, and in general, psychiatrists and others who might throw some light on the modern methods that are being used.

Mr. PICKETT. Reading further from the press release:

He charged that veterans and service hospitals were overcrowded.

Mr. PHILBIN. Well, I think there is no question about that.

Mr. PICKETT. Now, is it your opinion that that condition exists because of the present war emergency and because so many men are now entering the facilities, or because they were inadequate at the time war started?

Mr. PHILBIN. Well, I think both factors may enter into that.

I think they might have gone ahead a little faster with the hospital program.

Mr. PICKETT. Are you familiar with the survey that will be made commencing about the 1st of June?

Mr. PHILBIN. With regard to the hospital program?

Mr. PICKETT. Yes.

Mr. PHILBIN. Yes; I understand that such a survey was going to be made, but the hour is getting very late.

Mr. PICKETT. Now, whose fault was it, in your judgment, that the thing has reached the impasse that it has now arrived at?

Mr. PHILBIN. Well, I would not want to place the blame.

Mr. PICKETT. At this time you do not have sufficient information?

Mr. PHILBIN. No; I do not. I think the committee can ascertain that.

The CHAIRMAN. Do either one of you gentlemen know what the Board of Hospitals are doing with reference to building these hospitals?

Mr. PHILBIN. Yes; I have had considerable correspondence with them. Going back 2 years, I have been writing to try to get more hospitals.

The CHAIRMAN. I think the Board is preparing for the expansion and construction of these hospitals but the information has not been altogether made public.

You are talking about an impasse. I think we ought to find out first if there is one.

Mr. PICKETT. I was asking him a question in the light of his statement on it.

Mr. PHILBIN. Yes; I think that is true.

Mr. PICKETT. Now, "There is an inadequate number of doctors and nurses to carry on the full hospital load adequately." Do you know any way that that can be corrected under the present circumstances if the situation does exist?

Mr. PHILBIN. I think the Veterans' Bureau has moved on that by calling on Army personnel. They have Army personnel they have brought into the program in recent months.

I presume they will continue bringing in Army personnel.

Mr. PICKETT. Do you know whether they attempted to relieve that by borrowing doctors from the Army before the charge was laid on March 7?

Mr. PHILBIN. I do not know whether that was in effect at the time or not. I presume it was, but there have been some allegations too in regard to the quality of the service, quality of the doctors.

Mr. PICKETT. Now, do you know how many doctors have been borrowed from the Army by the Veterans' Administration?

Mr. PHILBIN. I think something like 1,400 or 1,500, and I think several thousand enlisted personnel.

Mr. PICKETT. Do you know whether there is available other additional Army medical service that may be borrowed?

Mr. PHILBIN. I do not. I do not.

Mr. PICKETT. Now then, charge No. 4:

The veterans' hospital construction program has not been expanded rapidly enough.

That is in keeping with charge No. 2.

Mr. PHILBIN. What we have just discussed; yes.

Mr. PICKETT. Charge No. 5:

"There are inadequate research activities."

Do you have any suggestion at this time as to how it might be remedied?

Mr. PHILBIN. Well, I think you ought to call in civilian doctors and call on outstanding medical schools and get their opinion about it.

The CHAIRMAN. Mr. Philbin, can you come back in the morning at 10 o'clock?

Mr. PICKETT. It will take me 2 or 3 minutes to finish.

The CHAIRMAN. I understand; but there are two or three other members who want to question the witness and there are two or three questions I have. I do not like to hold these meetings right up to the hour. Every member ought to be on the floor when Congress opens. It is less than 10 minutes now until the House convenes.

If you gentlemen will be back tomorrow morning at 10 o'clock we will resume at that time.

Mr. PICKETT. May I ask that the members be here 5 or 10 minutes early, because I would like you to hold an executive session.

The CHAIRMAN. All right; all of you who can be back at 5 or 10 minutes of 10 o'clock.

(Whereupon, at 11:50 a. m., the committee adjourned until 10 a. m. Thursday, May 17, 1945.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, MAY 17, 1945

HOUSE OF REPRESENTATIVES.
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman), presiding.

The CHAIRMAN. The committee will come to order.

I want to say this committee is governed by the rules of the House, and if there is anything that is said here that is in violation of the rules of the House and in violation of the rules of this committee each member has his recourse through points of order.

This is going to be a thorough investigation and we are going to need all the time we can get, and we are going to ask the witnesses to proceed as expeditiously as possible commensurate with their duties.

Mr. Philbin, we called you back this morning because there were one or two Members of the House who had not finished, I believe, on yesterday when we closed.

Mr. Pickett, of Texas, was asking you some questions and we have one or two Members here who would like to ask you questions also.

FURTHER STATEMENT OF HON. PHILIP J. PHILBIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. PICKETT. In the mass of complaints that you have received about various matters that you have given reference to here, has any of them been complaints from a patient in or anyone else about either of the four facilities of Texas, Dallas, Waco, Amarillo, and Legion.

Mr. PHILBIN. Yes; I think we have several from Texas in the correspondence. I think as your counsel goes through the papers he will find some there.

I had in mind segregating those complaints with regard to the hospitals but I did not have time to do the job.

Mr. PICKETT. You do not have any independent recollection?

Mr. PHILBIN. No, but I know there are several complaints from Texas.

Mr. PICKETT. Are the messages complaining about those facilities in counsel's files?

Mr. PHILBIN. They are in counsel's files; yes.

Mr. PICKETT. Now, did you segregate the complaints there in particular with reference to the type of facility that they mentioned, whether that would be a general hospital, a tubercular hospital, or a neuropsychiatric?

Mr. PHILBIN. No; I did not have time to do that.

Mr. PICKETT. I take it that all the correspondence that directs your attention to the conditions is available to us, whether with counsel or still in your files.

Mr. PHILBIN. Yes. Precisely.

Mr. PICKETT. Thank you.

The CHAIRMAN. We will finish with the committee first.

Mr. Green, of Pennsylvania.

Mr. GREEN. No questions.

The CHAIRMAN. Mr. Rayfiel, of New York.

Mr. RAYFIEL. No questions.

The CHAIRMAN. Mr. Huber, of Ohio.

Mr. HUBER. Can you give the committee the name and address of one veteran that you know of your own knowledge that has been denied adequate medical treatment?

Mr. PHILBIN. Yes; I believe I would be able to give some.

Mr. HUBER. Well, what name?

Mr. PHILBIN. I would have to have recourse to the files.

Mr. HUBER. Of your own knowledge.

Mr. PHILBIN. It would be based on the letters and statements coming to me but I can furnish you with the names of several.

I would not be in position where I could give my personal knowledge about that.

Mr. HUBER. Those names will be given?

Mr. PHILBIN. As I have the opportunity of going through these files I will see that your counsel gets those names.

Mr. HUBER. That is all.

The CHAIRMAN. There are one or two members who were not here yesterday. Mr. Allen of Louisiana.

Mr. ALLEN. Mr. Chairman, I was unavoidably absent attending another committee. I could not be at both places at the same time.

I simply want to ask Mr. Philbin a question or two with reference to the facility in Louisiana, one facility in Louisiana.

Do you recall whether or not you have had any complaints about that facility?

Mr. PHILBIN. I would not want to say definitely, but my recollection is that there were some complaints about it. Later on I will be glad to segregate them.

Mr. ALLEN. I would like to have that information.

Mr. PHILBIN. Yes. I was in the process—my secretary was in the process of segregating them according to the districts. I was going to refer to the members in the hospitals in their own districts but I did not have time.

The CHAIRMAN. Mr. Peterson?

Mr. PETERSON. I was here just a short time and heard a part of your statement. I will read the whole statement. I had a conference with another committee.

Your evidence under the strict rules of evidence would be hearsay but you based it in good faith on the letters that came to you and you had neither the time nor facilities to run down all those statements?

Mr. PHILBIN. That is right.

Mr. PETERSON. You thought, based on that volume of complaints, that it was reasonable that there should be an investigation made.

Mr. PHILBIN. That is right.

Mr. PETERSON. And you are making available to the committee the testimony and the letters and communications that came to you?

Mr. PHILBIN. Yes. I have turned over to the committee about 800 letters containing complaints of one sort or another.

Mr. PETERSON. Thank you very much.

Mrs. ROGERS. Mr. Chairman, there are three questions I would like to ask.

The CHAIRMAN. Go ahead and ask them now.

Mrs. ROGERS. Mr. Philbin, did you ever talk with Colonel Ijams?

Mr. PHILBIN. No; I have talked with him specifically.

Mrs. ROGERS. Do you not feel there should be a surgeon general in charge of the hospitals and the care of the men?

It is a medical question, is it not?

Mr. PHILBIN. I think that requires the very careful study of the committee. It is a medical question.

There are so many medical questions involved here that I think you will require expert testimony.

I certainly would not want to pass on these medical points. I think you will have to obtain medical counsel and testimony on those points.

Mrs. ROGERS. When I introduced the bill I felt the only way was to head the department with a person of greater rank.

Mr. PHILBIN. Yes; I think that proposal has real merit. I think veterans' affairs are now on the way to being profoundly important and I think if you raise the head of the veterans' affairs to the dignity of a Cabinet position it would be very helpful. It is a proposal that is worth very careful consideration.

Mrs. ROGERS. The surgeon general could actually see that the men receive the care that they ought to have, and develop the medicine.

Mr. PHILBIN. Precisely.

Mrs. ROGERS. Mr. Philbin, is it not true that many complaints have come over a period of a long time?

Mr. PHILBIN. Yes.

Mrs. ROGERS. The Veterans of Foreign Wars have sent petitions?

Mr. PHILBIN. Yes.

Mrs. ROGERS. And have had numerous appointments on the care of the men?

Mr. PHILBIN. Yes. And I am happy to say that the situation has shown improvement, that is, by internal action on the part of the Veterans' Administration.

Mrs. ROGERS. And so far as the Boston office and the examination of the veterans there General Hines recommended in Chicago that space be secured, but nothing is being done.

Mr. PHILBIN. Nothing has been done but we are hopeful, we have been waiting for months, but we are hopeful that something will be done.

Mrs. ROGERS. A Cabinet member would have met with the other members and space would have been given.

Mr. PHILBIN. Yes; I am sure.

The CHAIRMAN. Did you say you have no personal knowledge of any veteran who has failed to receive adequate treatment?

Mr. PHILBIN. No; I have no personal knowledge. I have never been present when a veteran was mistreated.

The CHAIRMAN. And you never consulted with Colonel Ijams who is head of the hospital section before you introduced your resolution?

Mr. PHILBIN. No. At various times I have presented directly to General Hines statements concerning conditions at Rutland Hospital and also statements concerning the conditions in additional facilities.

Those efforts go back over a period of a year or two, 2 years.

The CHAIRMAN. But you never made any complaint to this committee?

Mr. PHILBIN. I never made any complaint directly to Colonel Ijams.

The CHAIRMAN. But you never made any complaint to this committee or introduced a bill directly?

Mr. PHILBIN. No; I introduced my resolution.

The CHAIRMAN. Your resolution to investigate all veteran facilities, and it even included the hospitals behind the lines on the battlefield, did it not?

Mr. PHILBIN. It was a much broader resolution than the one under which you are now operating.

The CHAIRMAN. All right, Mr. McQueen.

Mr. McQUEEN. Mr. Philbin, the letters, some 30 of them, that you turned over to me which were quoted in the Record of March 24, were all dated prior to March 24 and subsequent to March 7.

Is that not right?

Mr. PHILBIN. Well, if you say so it may be.

Mr. McQUEEN. Now, prior to March 7 at the time you introduced your resolution had you made any investigation of any hospital other than the Rutland Hospital in your own State and district?

Mr. PHILBIN. No. My resolution was based, of course—at the time I made the investigation of the Rutland Hospital I did prepare the resolution which I filed and it was in my files, and I kept receiving complaints in regard to these hospitals in various places. As I talked with my constituents and surveyed my personal mail I had a large number of serious complaints.

Mr. McQUEEN. Well, Mr. Philbin, the complaints that you received prior to March 7 pertain to your own constituents in your own district?

Mr. PHILBIN. That is true.

Mr. McQUEEN. You did not have any information covering the entire country such as was quoted from in your speech of March 24?

Mr. PHILBIN. Well, of course there were statements appearing in the press, the papers, that I am sure we have all read, magazine articles and the like.

The one magazine that I refer to, for example, the Cosmopolitan, had an article containing certain statements which if true certainly warranted an investigation.

Mr. McQUEEN. That was not prior to March 7, however, was it?

Mr. PHILBIN. Yes; I believe that it was.

Mr. McQUEEN. Do you know when that magazine went on sale on the newsstands?

Mr. PHILBIN. I do not know that but I know I had the magazine in my possession and read the article sometime before March 7.

Mr. McQUEEN. Was that the time you talked to the author of the article?

Mr. PHILBIN. No; I did not talk to him until 2 weeks afterward.

Mr. McQUEEN. Now, I do not know much about newspaper releases, but on that release of March 7, was that release prepared in your office?

Mr. PHILBIN. Will you let me see the release?

That release seems to be based on a release that was prepared in my office.

Mr. McQUEEN. Where was this release that was laid on the table of each Member of Congress prepared?

Mr. PHILBIN. That was prepared in my office.

Mr. McQUEEN. This release here?

Mr. PHILBIN. Yes. This release was prepared in my office.

Mr. McQUEEN. Who prepares your releases for you, Mr. Philbin?

Mr. PHILBIN. I prepare most of my releases, and my secretary, who was a former newspaperman.

Mr. McQUEEN. What is his name?

Mr. PHILBIN. Clifford Gauffer.

The CHAIRMAN. Mr. McQueen, I would like to have a copy of that in the record.

Mr. McQUEEN. Yes.

(The press release follows:)

RELEASE FROM CONGRESSMAN PHILIP J. PHILBIN, THIRD MASSACHUSETTS DISTRICT

Release afternoon papers, March 7; morning papers, March 8

WASHINGTON, D. C., March 7.—Calling for a sweeping investigation by Congress of alleged intolerable conditions and "irregularities" affecting hospitalized veterans, in this country and overseas, Congressman Philip J. Philbin (Democrat) of the Third Massachusetts District, in a speech on the floor of the House, today said "the impression is quite general throughout the country that the Veterans' Administration is moribund and ineffectual."

At the same time, Representative Philbin introduced a resolution to set up a special House committee, made up of 11 members, with the special task of investigating "the adequacy of hospital and other facilities, the personnel, the food, the discipline, restrictive regulations, inadequate treatment, and all other matters bearing upon the welfare of the wards of the Government now hospitalized."

Philbin stated that material in his files evidenced that "bureaucratic red tape" was throttling the granting of relief, loans, and educational privileges authorized by the so-called GI bill of rights. In addition, he charged that—

1. The latest advances of medical science have not been comprehensively or fully utilized, particularly in the treatment of tubercular and psychiatric patients.
2. Veterans and service hospitals were overcrowded.
3. There is an inadequate number of doctors and nurses to carry the full load of hospitalized patients adequately.
4. The veterans hospital construction program has not been expanded rapidly enough.
5. There are inadequate research activities.

Philbin made reference to an article entitled "Third Rate Medicine for First Rate Men" in the current issue of Cosmopolitan magazine, which he said presented "startling evidence that many of our veterans are being neglected and denied basic rights, benefits, and privileges which Congress has provided for them. This well-documented article constitutes a challenge to this body which, in the interests of humanity and justice and regardless of any other consideration of personality or past merit, must be promptly accepted by the House."

"Everyone agrees that we must maintain the very highest standards in dealing with the supremely urgent problem of the care of the wounded and the mentally afflicted and, therefore, if reports reaching me are true, even in part, the situation cannot be corrected too quickly," said Philbin. "A fearless investigation will enable Congress to act. It will stimulate early correction." The

Massachusetts Representative did not confine his criticism to the Veterans' Administration facilities but included some service hospitals as well, in this country and overseas.

"There is no room for the philosophy of the 'brass hat' or 'mailed-fist institutionalized dictator' in the care and treatment of veterans," Philbin continued. "We will not tolerate incompetence, arrogance, carelessness, and harsh, ruthless discipline in connection with the treatment of these heroes."

Philbin remarked that "rightly or wrongly, the impression is quite general throughout the country that the Veterans' Administration is moribund and ineffectual—frozen to bureaucratic modes developed within its framework for over a quarter of a century, not possessed of the vitality, the fresh point of view, or the administrative capacity to take hold of and successfully solve the multifold and gigantic problems of hospitalization and rehabilitation that must be solved, and solved completely and promptly, in order to prevent suffering, misery, and death, and indeed, to insure humane treatment and just consideration for millions of our returning heroes."

Urging the Rules Committee to report the investigation resolution back to the House for early action, Philbin said: "This is the only way we can do complete justice to the millions of brave American boys who have offered and sacrificed their life's blood and their all in order to save our democracy and our country. For us to do less is a dishonor and stigma upon the sacred cause for which they fought and died. In the name of our gallant sons who have fallen in battle, I earnestly urge the early adoption of this resolution."

The text of the resolution follows:

"Resolved, That a committee comprised of five members of the Committee on World War Veterans' Legislation and six other Members of the House all to be designated by the Speaker, or a duly authorized subcommittee or subcommittees thereof, is authorized to conduct an investigation into alleged intolerable conditions, irregularities, and hindrances affecting war veterans, and members of the armed forces, in connection with hospitalization, medical, and nursing services, compensation, pensions, vocational guidance and training, and all other matters bearing upon the welfare of veterans and their dependents regarding rights, benefits, privileges, and preferences to which these groups may be entitled under existing legislation.

"The committee shall investigate all hospital facilities, the status, needs, and progress of the hospital-construction program, other facilities contemplated by present legislation, the personnel, the food, the discipline, restrictive regulations, care and treatment, and all other matters affecting the rehabilitation and care of returned veterans, with particular reference to wards of the Government, now hospitalized in Government institutions, wherever situated, and to prepare and submit to Congress recommendations for remedial legislation to eliminate undesirable conditions, unsatisfactory administrative practices, to provide abundant facilities, and to insure efficient, proper, and generous care and treatment for patients in Government institutions, veterans, and service men and women.

"The committee shall report to the House as soon as practicable during the present Congress the results of its investigations, together with such recommendations for legislation and changes of policy and program as it deems desirable.

"For the purposes of this resolution the committee, or any subcommittee thereof, is authorized to sit and act during the present Congress at such times and places within the United States, or elsewhere, if deemed necessary, whether or not the House is sitting, has recessed, or has adjourned, to hold such hearings, to require the attendance of such witnesses and the production of such books, papers, and documents, and to take such testimony as it deems necessary. Subpoenas may be issued under the signature of the chairman of the committee or any member designated by him and may be served by any person designated by such chairman or member."

Mr. McQUEEN. And I will put in the record the *Cosmopolitan* magazine of March 1945.

The CHAIRMAN. You mean the article?

Mr. McQUEEN. The article, pages 35, 36, 37, 106, 108, 109, and 110.

The CHAIRMAN. Without objection, it is so ordered.

(The magazine article follows:)

THIRD-RATE MEDICINE FOR FIRST-RATE MEN

If you can read the ugly truths in the article below without getting fighting mad, then Americans are not the people we think they are. The editors believe the shocking conditions in the Veterans' Administration exist only because they have not been aired. It is therefore with a sense of public and humane obligation to the men in our armed forces—past and present—that we publish these damning facts. Read first. Then act.

(By Albert Q. Maisel, author of *The Wounded Get Back*)

PASSPORT TO NEGLECT? WAS JIMMIE COLLIER'S DISCHARGE JUST THE START FOR A MEDICAL RUN-AROUND?

No soldiers on earth receive better medical care than our own. From Guadalcanal to Coral Gables, from Normandy to Mitchel Field, I have seen with a proud heart how endless resources and priceless skill combine to give our sick and wounded the best that modern medicine can provide.

But I have been shocked and shamed to discover that these same servicemen—changed only because, after long service, they have received a veterans' honorable discharge—are suffering needlessly and all too often dying needlessly in our veterans' hospitals.

Yes; our disabled veterans are being betrayed by the incompetence, bureaucracy, and callousness of the Veterans' Administration, the agency set up over 20 years ago to insure not just good care but the finest medical care in the world for our war veterans.

We have never stinted the Veterans' Administration. We have given it over a quarter of a billion dollars to build a magnificent chain of nearly a hundred great hospitals. Recently Congress appropriated over \$105,900,000 just to run these hospitals.

Yet only one patient in six ever leaves these beautiful buildings labeled as "cured."

Only three out of five complete their hospitalization and win even the label of "improved."

The rest die or are discharged as "unimproved" or run away to enter other hospitals or to suffer and die quietly at home.

Strong statements? Yes. But they are based on the published figures issued by the Veterans' Administration itself. In many of the veterans' hospitals I have visited, the death rates are actually far higher, the "cure" rates far lower, and conditions far, far worse than any cold statistics can ever indicate.

I have spent nearly half a year visiting more than a dozen of these hospitals, from Minnesota to Massachusetts. Everywhere I have found disgraceful and needless overcrowding.

I have found doctors so overloaded that they could give the average patient only 7 minutes' attention a week. Not 7 minutes a day, mind you—7 minutes a week.

I have found nurses so negligent that they did not even bother to wash their hands after examining one patient with a contagious disease and before turning to another.

I have found some men—a minority—devoted to their patients and doing their very best, but so overloaded with work and so hog-tied by administrative restrictions that they freely confessed their best could not possibly be good enough.

I have found many doctors who could hold no position in any well-run hospital: cynical men who joked to me about their patients' miseries; incompetent men who rejected, offhand, every modern advance in medicine.

I have seen desperately sick veterans served food so cold that it would be indignantly rejected in the worst Bowery flophouse. And I have seen these same veterans charged unconscionably high prices by racketeering concessionaires, permitted to operate within the hospitals by complacent superintendents.

I have seen men denied surgery they needed, denied modern treatments that could have cured them—and even sneered at by officials for presuming to ask for these things.

Then I have gone to the other side of a town and entered a State or county hospital just as tied down by Government restrictions, just as hard up under a labor shortage. Yet in these places, run at far lower cost, I have found real

doctors practicing real medicine. I have found lower death rates, higher cure rates, and smiling, hopeful, happy patients.

That is why I know there is no excuse for the Veterans' Administration's third-rate treatment of first-rate men—no excuse except incompetence and complacency.

I have seen the miserable fruits of such incompetence in veterans' hospitals of all types: The mental institutions, the general hospitals, and the tuberculosis hospitals. But because each group differs somewhat from the others and because no single article can tell the whole grim story, I shall concentrate, in this article, on the last of these three groups. And because statistics alone can never bring out the full shamefulness of our treatment of these young ex-soldiers, I want to introduce you to two representative veterans of World War II—the late Harold Schwiebert, of Ohio, and Jimmie Collier, of Cortland, N. Y.

Last June Harold Schwiebert wrote a letter from the bed he had occupied for almost a year in the veterans' facility at Dayton, Ohio. An overseas veteran, Schwiebert had been treated for tuberculosis in Army hospitals in England and, later, in the States. Then, discharged, he was turned over to the Veterans' Administration for further treatment.

For a year he endured that "treatment." Finally, in despair, he wrote to Dr. H. H. Brueckner, superintendent of the District Tuberculosis Hospital of Lima, Ohio, begging to be admitted to that five-county institution. Here is his description of his treatment at the veterans' hospital:

"I have just lost all belief of ever recovering in this place. I was admitted to this hospital June 23, 1943. I was only aspirated twice, which was sometime in July, when there was 1,500 cc. of fluid removed and then again in August, when there was 1,000 cc. removed, and since that haven't been aspirated or anything done, but being fluoroscoped or X-rayed once in a while. The last X-ray was taken in March and May. Haven't been examined since February 1944. * * * I had a flare-up about 3 weeks ago and being sent up to be fluoroscoped by our ward surgeon, the pneumo doctor refused to do the fluoroscoping and sent back a sarcastic note to our ward surgeon. * * * I have found out all about this place I want to know. I have made up my mind to leave here and the sooner the better for my own good." (See exhibit A.)

Dr. Brueckner sent a copy of Schwiebert's letter to Dr. Louis Dublin, vice president of the Metropolitan Life Insurance Co., for he knew Dr. Dublin, as a member of the Veterans' Administration Medical Advisory Council, had been fighting for an improvement of conditions in the veterans' tuberculosis hospitals. But 2 weeks later Dr. Brueckner was forced to send a follow-up letter. It read:

"It might be of interest to you to know that Harold Schwiebert will not have a chance of coming to this hospital for removal of his pleural effusion.

"He died July 2 of apparently cardiac failure and cardiac embarrassment probably because of severe mediastinal shift caused by effusion." (See exhibit B.)

In simple English, Harold Schwiebert died of heart failure because the wall that separates the right and left lung was forced against his heart by the fluid that gathered in his lung cavities—the fluid Schwiebert begged to have removed.

An isolated case? Let's see.

On October 5, 1944, I visited the Castle Point, N. Y., veterans' hospital. At my request, Dr. James Keirans, clinical director, took me to interview four patients. I didn't select them; they were selected for me by Dr. Keirans. Here is the testimony of one of them, James Collier, confirmed by the three men who occupied the other beds in his crowded room.

"I served in England with the One Hundredth Bomber Group, AAF. I was diagnosed 'TB' there in August 1943 in an Army hospital and put on pneumothorax. (The collapse of a lung by admitting air into the lung cavity so as to rest the lung tissue.) I was sent back on a Canadian vessel and entered Castle Point on December 28, 1943. I was examined then and they decided I was a bed-rest case. I shouldn't get off the bed for any reason.

"The next time I was examined was 7 weeks later, February 17, 1944. Then a medical board decided that I would require a lobectomy (the cutting away of the infected lobe of a lung). They decided they couldn't do the operation for me. I would have to be sent to the facility in the Bronx in New York.

"So they handed me my valise and told me to get dressed. They didn't send anyone with me. No ambulance. I took a taxi to the Beacon station and the train to New York. Then I took streetcars to the Bronx and walked through the hospital grounds to the admitting office.

"When I got there they hadn't any knowledge of me. My papers hadn't been sent ahead. No one knew that I was on bed rest or that I had a pneumothorax. It was 10 days after I got there that I finally yelled so much that they refilled my pneumothorax. They made me go to meals and wash up just like all the other walking cases.

"Then, when the doctors finally got around to examining me, they decided that my good lung had gone bad. Either I never should have been sent for the operation or all the traveling and exercise broke down the good lung. They told me that they couldn't operate on me in that condition. So on March 25 they sent me back to Castle Point—the same way I was sent down, alone and toting my own valise.

"Since then I've been examined only three times; the day I got back here, on June 27 and on October 1. The doctors won't tell me what my trip did to me, but some of the nurses say it set me back at least 6 months."

There are dozens of like cases on my records. One doesn't have to hunt for such testimony—merely enter any ward in any facility and let the patients talk.

But it might be objected that these histories involve the testimony of sick or dying men, so involved in illness that they would carp at any treatment, no matter how fine. The answer is to take a look at the record, as published by the Veterans' Administration itself.

The last published annual report showed over 10,000 men treated for tuberculosis and discharged from the hospitals during the fiscal year. Yet, of all these, only 233 were discharged as arrested cases. Two and three-tenths percent—less than one "arrest" achieved out of every 43.

How does this compare with other sanatoria? Let us not choose any private institutions which, after all, can select their cases. Let us rather consider the tuberculosis hospitals operated by New York State. Even then, let us exclude Ray Brook Sanatorium, which takes mostly early or minimal cases. The remaining State hospitals achieved an arrested condition in 25.6 percent of all the patients they discharged—a record more than 11 times as good as that of the Veterans' Administration.

"But," the Veterans' Administration is always quick to point out, "a high percentage of our cases come to us in a far-advanced stage."

Pine. Let us then consider only those admitted as "far advanced" by New York State. Still we find more than 15 percent discharged as "arrested"—still six and a half times as many as the veterans' hospitals attain for all cases—minimal, moderately advanced, and far advanced combined.

Let us make another comparison. Of all the veterans treated for tuberculosis, only 3.67 percent are discharged as "quiescent," "apparently arrested" or "arrested."

But New York State's hospitals (Ray Brook again excluded) discharge 48.1 percent in these classifications—14 times the record of the veterans' hospitals.

Worcester County Sanatorium, Massachusetts, manages to bring 51.7 percent of its patients into the "quiescent" stage or better. The figure for Olive View Sanatorium, of Los Angeles County, is 37.3 percent. For Jefferson County Hospital, of Beaumont, Tex., the figure is 35.9 percent. For King County Hospital, Seattle, it is 55.3 percent.

Nor have I selected these sanatoria to make my point. The figures are taken from an official report of the Veterans' Administration, dated June 1, 1943, and signed George E. Hams, Assistant Administrator in Charge of Medical Care!

So much for the failure to cure. What about the death rate in these so-called hospitals? Again, let's go to the Administration's own published record. For the last recorded fiscal year, 1943, a total of 1,117 patients completed treatment and were discharged alive.¹ Nearly 200 of these were discharged as "unimproved."

Meanwhile, 1,922 veterans died in these hospitals of tuberculosis.

In short, even if a man completes treatment, the chances are nearly 2 to 1 that he will be carried out in a coffin.

At this point you may begin to wonder, "How long has this been going on? How does it happen that Congress hasn't investigated this situation long ago?"

The answer is that this is no war-created situation (although, of course, it is aggravated by the war). Actually, the Veterans' Administration has been achieving this desperately poor record, year after year, for two decades. But for

¹ With the exception of 1,180 listed in the report as "condition not stated"—men who were in hospital for examination or determination of disability for an average of less than one month each.

all that time the Veterans' Administration has been publishing figures in its annual reports which, though technically correct, are actually deceptive.

The trick is simple. The reports do not figure the death rate as a percentage of the total number who complete treatment. Instead, they figure it as a percentage of the total number discharged.

And that total includes more than 58 percent who never complete treatment at all—the men who run away “against medical advice” or “A. W. O. L.” because they see how few are cured and how many die; the men who prefer to go elsewhere for treatment, or to suffer and die quietly at home.

By such juggling with figures—and lives—the Veterans' Administration manages to make it seem that the death rate in its tuberculosis hospitals is only 18.96 percent. Even so, that rate is 50 percent higher than the average of all the 92 tuberculosis hospitals approved for residencies by the American Medical Association.

Nor am I merely trying to shock you when I speak of tubercular veterans being left to die quietly at home. In 1942—according to the written admission of Dr. Charles M. Griffith, Medical Director of the Veterans' Administration—1,120 World War I veterans died in veterans' hospitals and 1,203 died outside, “while in receipt of compensation of pension on account of tuberculosis.” In short, more of these tubercular veterans die outside the hospitals than in them.

Which proves very, very convenient when the annual reports are compiled. The veterans are just as dead, inside or out. But those who die outside, usually after leaving a veterans' hospital in disgust, don't clutter up the statistics!

The fact that nearly 60 percent of all the patients in the veterans' tuberculosis hospitals “run away” has long been recognized as a sign that things are desperately wrong in these hospitals.

Men such as Dr. Louis Dublin, of the Metropolitan Life Insurance Co., have fought for reforms within the Veterans' Administration for many years. As a member of the Administration's medical council, Dr. Dublin submitted memoranda on this subject as far back as a decade ago. Last year, after repeated protests, he resigned from the council, in order to be free to make his protests publicly. But all such protests have been met with the utmost cynicism by the Veterans' Administrator, Brig. Gen. Frank T. Hines, and his underlings in the central office.

The first reason for the high rate of “runaways” is simple overcrowding.

The master statisticians of the Veterans' Administration try to cover it up with fancy phrases: “readjustment of space,” or the “more economical utilization of facilities.” But every patient who finds himself with three other men in a room built for two learns about overcrowding the hard way.

Again, let's look at the record. At Castle Point, N. Y., there were 582 patients on October 3, 1944. Yet Castle Point was built for 479 patients. And no new buildings have been erected there.

I asked Col. Carleton Bates, manager of the facility, how this “miracle” was accomplished; how his hospital could serve an extra 103 patients without overcrowding. And the colonel blandly replied, “Oh, we're actually raised our capacity to 625. We have 45 beds vacant. We do it by the more economical use of space.”

The colonel was telling the truth. By robbing the patients of day rooms and diet kitchens and toilet facilities, the Veterans' Administration has stretched the same facilities to serve 30 percent more men than they were built to serve. By crowding in beds, it has been able to restate the capacity of its hospitals and to maintain the fiction that no overcrowding exists.

But overcrowding is only one of many reasons for the high death rate and the sky-high number of “runaways.” The veterans' doctors, always overworked and overloaded, are now more overloaded than ever. The excuse is “the war.” Yet in the county and State hospitals I have visited I found physicians carrying nothing like the amazing burden of cases heaped upon some veterans' M. D.'s.

Let's look at Minneapolis. The county sanatorium, Glen Lake, had 451 patients on September 19, 1944. It had 11 physicians—1 to 41 patients. But in the same county on the same day, the Veterans' Facility could spare only 3 doctors for 179 patients in the TB pavilion—1 doctor to 59 patients.

Even so, the Chief of Service, Dr. Alexander Josewich, was overjoyed at his good fortune. For the third man had just arrived. For the 6 months before that, Dr. Josewich and a single assistant had handled an average of 150 patients every day—75 men per physician!

Is there any wonder that the record of the Minneapolis Facility TB service was shockingly bad, even by Veterans' Administration standards? Out of 125 discharges in the first 7 months of 1944, 28 left the hospital in coffins? Only

27 achieved "maximum hospital benefit" (a phrase which may mean anything from "arrest" of TB to "the best we can do with this case"). And 70 men went out "against medical advice" or "a.w.o.l."

Seventy-eight percent of the men treated for TB achieved no benefit.

But at Glen Lake Sanatorium, three-quarters of all patients achieve a rating of "improved" or better at the time of discharge. The number leaving "against medical advice" account for less than 3 percent of all discharges!

If the overloaded doctors were at least first-class TB specialists, the patients might have less cause for complaint. But here again, the Veterans' Administration has a shockingly poor record.

Col. Roy A. Wolford, Assistant Medical Director of the Veterans' Administration in charge of all tuberculosis hospitals, boasted to me that he had "more tuberculosis specialists under a single control than any other outfit in the United States."

"But how do you select these specialists?" I asked.

"Well, they come to us as general practitioners," he answered. "All we require is an M. D. and 1 year of internship. Then we give them a 4-month orientation course at one of our facilities."

Four months of learning how to handle the paper work makes a man a "specialist" in the eyes of the head of all the veterans' TB hospitals.

Yet other hospital administrators do not seem to agree with Dr. Wolford and his boss, Dr. Griffith. There are 20 sanatoria in the United States which offer residencies—a year or more of training—the chest surgery, and 92 which offer residencies in tuberculosis. But not one of these is a veterans' hospital. The reason? Residencies cannot be offered unless the hospital has been approved by the American Medical Association. And only those hospitals are approved which "are in a position to furnish acceptable training." Obviously, synthetic specialists who qualify by a 4-month orientation course cannot give "acceptable training" to anybody. No wonder Dr. Dublin has written: "M. D.'s of good repute just will not stay."

There are a few scattered exceptions, but the vast majority of the physicians I have interviewed were tired or cynical men whose only goal seemed to be to finish the day's work and get home.

The patients in these hospitals may not know all these details of medical qualification. But they know their own ward surgeons. And their attitude is typified by the statement made to me by Lt. Marie Stevens, a former Army nurse, a patient in the women-veterans' ward at Castle Point. "How can I hope to be cured," she asked, "by a doctor who is so afraid of catching TB that he only stethoscopes the backs of patients for fear that, if he stethoscoped their chests, they might breathe on him?"

Under such a physician—and under the kind of administration that sets such standards—the medical treatment of tuberculosis cases cannot but be far below average. How far below average it actually is can, once again, be demonstrated by the published record of the Veterans' Administration. Consider chest surgery.

During the last 20 years physicians have developed and perfected a dozen operations which help nature to defeat tuberculosis by collapsing the infected parts of the lungs so that they rest. In New York State's TB hospitals, out of 2,239 patients treated in a single year, 560 pneumothoraxes (the simplest type of collapse therapy) and 907 more complex operations were performed. At the Minnesota State Sanatorium, 50 percent of the patients receive pneumothoraxes and an additional 8 percent receive the more complex operations.

Yet, according to figures issued over the signature of the medical director of the Veterans' Administration, Dr. Charles M. Griffith, only 1,938 chest operations were performed in a year for 10,718 patients treated. Only 18.4 percent of the patients received any chest surgery whatever.

But hold on. Of these "operations," 1,295 were the simplest operation of all—induced pneumothorax. That leaves only 573 patients treated by chest surgery other than pneumothorax. New York State, with fewer than a quarter as many patients, actually gave its patients 335 more operations than the entire veterans' tuberculosis hospital system.

Nor is that the worst of the story. At some veterans' hospitals, chest surgery is practically unobtainable. Even at Washington, D. C., under the very nose of the Veterans' Administration central office, 190 TB patients received a grand total of eight operations, all induced pneumothoraxes. Yet this veterans' hospital is listed as chest surgery center.

Yet poor treatment, backward treatment and "no treatment at all" are not all the tubercular veteran has to complain of. At every veterans' hospital I

have visited, a private concessionaire has been allowed to run a "canteen." Invariably the patients have complained about these "licensed profiteers."

At Castle Point, the complaints took the form of petitions signed by hundreds of patients in April 1944. They complained that the dishes in which food was served to positive-sputum-tuberculosis (i. e., contagious) cases were afterward used—without sterilizing—to serve other patients and visitors. They complained about sky-high prices. One patient, Navy veteran Stanley Skigen, told me of being charged 35 cents to cash a \$20 Government check. Whereupon the man in the next bed, Elbert Horner, became highly indignant. He had been charged 65 cents!

After 6 months of repeated protests, this concessionaire was finally removed. Whereupon, to cash checks for both patients and staff, the hospital manager permitted another private party to use the Legion room as a business office. For cashing Government paper at no risk, this individual now gets over a hundred dollars profit in a single morning's work.

A universal complaint of the patients concerns the food. Last September, at Castle Point, over 400 patients signed a petition begging for better food.

I visited that hospital 3 weeks after this pitiful petition was filed. I examined a dozen meal trays at the patients' beds. This is what I found, the day's main meal: one small pot of cold tea, two thin slices of white bread, a tiny pat of butter, a few thin slices of broken-down stewed peaches and—the main course—a beef stew containing six or seven tiny chunks of greasy meat swimming in fast-congealing gravy. All cold as the grave.

Nor is Castle Point food uniquely bad. My records show unsolicited complaints about the food from almost every patient interviewed, in every single veterans' hospital I have visited. And this in the treatment of tuberculosis where good food—and plenty of it—is considered an essential element of successful treatment.

One might expect that this combination of skimmed food, skimmed service and skimmed medicine would at least not cost the taxpayers too much money. The cost at Glen Lake Sanatorium, Minneapolis, is \$3.85 a day. At the Minnesota State Sanatorium it is \$2.71. But the cost of caring for a TB case in a veterans' facility is \$5.20 per day—a first-class price for third-class medicine!

In the face of all this evidence one might well wonder, "Can reform help? Can anything be done—now—to insure decent treatment, a fighting chance for a cure, for the thousands of veterans now herded into these excuses-for-hospitals?"

Indeed, many prominent physicians have seriously considered the task of reform a hopeless one. The directors of the American Medical Association have actually discussed the advisability of turning the whole sorry mess over to the Army—for a quick, drastic Army purge. But others demand drastic reforms within the Veterans' Administration.

The root of this cancer is in the central office in Washington, among the men who have long been aware of this situation, who have seen it grow worse and worse for two decades, who have failed miserably to clean up the growing mess. The cure, too, must start at the fountain-head—in the central office—with drastic changes in both personnel and policies. Wartime "emergencies" cannot serve as an excuse.

Here are specific things the Veterans' Administrator could do, right now, to effect a clean up:

He could bring in new blood, starting with a new medical head of all the veterans' hospitals—a man with an outstanding record both as a doctor and a hospital administrator; one free from any previous connections with the Veterans' Administration, owing no one any special consideration for past favors.

This "new broom" could rid the hospitals of the worst of their present personnel. He could give the rest a chance to practice real medicine, free them from paper work and from the rain of restrictive orders that now beat even the better men into a self-protective policy of "playing it safe" and "standing pat." He would make the hospitals teaching hospitals, keeping the older doctors on their toes by making them train young internes and residents. He would build a real medical advisory council, composed of the best men in the country, and he would take their advice. He would encourage postgraduate research.

He would eliminate overcrowding immediately by using the same device the Army and Navy have used: Leasing resort hotels until new hospitals can be built.

He would reduce the personnel shortage by shifting help from his less-crowded hospitals (there are a few) and by "borrowing" more help from the Army, which has already lent the veterans' hospitals 500 doctors and thousands of soldier-attendants. He would use what help he has intelligently.

But most of all, he would restore simple, common humanity to the veterans' hospitals. The individual veteran would cease to be a "case" or a "number" or a "compensable."

He would be recognized for what the country and Congress meant him to be: An honored citizen entitled to the very best his country can provide.

All these things could be done—right now. Whether they will be done is up to the Administrator of Veterans' Affairs—and up to the American people, who hire him, pay him, and who can give him his orders.

EXHIBIT A

OVERSEAS VETERAN HAROLD SCHWIEBERT BEGGED PATHETICALLY FOR DECENT TREATMENT OF HIS TUBERCULOSIS

DISTRICT TUBERCULOSIS HOSPITAL,
Lima, Ohio, June 22, 1944.

LEWIS I. DUBLIN, Ph. D.

Metropolitan Life Insurance Co.,

New York, N. Y.

DEAR DR. DUBLIN: Your time should not be taken up with a letter such as this, but I thought you might be interested in a letter recently received from one of my patient's brother, who has been returned from England to a Veterans' Administration facility, Dayton, Ohio.

Following is a copy of the letter:

"DEAR SIR: I have been wanting to write to you for sometime, but thought maybe I could write to my sister Helena there at the hospital and find out through her what I wanted to know, but she thought it would be best for me to write personally to you and tell you about my treatment here, if I can call it that.

"There has been so many thing happening here lately, that I have just lost all belief over ever recovering in this place. I had a flare-up about 3 weeks ago and being sent up for to be fluoroscoped by our ward surgeon, the pneumo doctor refused to do the fluoroscopy and sent back a sarcastic note to our ward surgeon, who is Captain Knot now. He has been here for nearly a month, but seems to get poor cooperation from some of the other doctors.

"I also go to speak to Colonel Schillinger, the chief medical officer, a week ago. I ask about my case of how I knew of them being treated at most general hospitals in the Army and other TB hospitals. 'Oh,' he says to me, 'We forgot that way of treating them since the Civil War.' So you see I have found out all about this place I want to know, so I have made up my mind to leave here and the sooner the better for my own good.

"So I have decided to come to that hospital, if possible, and get my treatment there and get my proper treatment, I'm sure. I want to also pay my own way, which I think will be possible, since I am service-connected. So I want to know all about the monthly fee there and also about the papers to be made out. Also let me know how soon I can come there. I have also been wondering whether the papers couldn't be made out on arrival there, rather than to be doing this through the mail.

"I will tell you about my treatment that I have received here so far. I was admitted to this hospital June 23, 1943. I was only aspirated twice, which was sometime in July, when there was 1,500 cubic centimeters of fluid removed and then again in August, when there was 1,000 cubic centimeters removed and since that haven't been aspirated or anything done, but being fluoroscoped and X-rayed once in a while. The last X-ray was taken in March and May. Haven't been examined since February 1944. Since I had the flare-up, I have been running a little temperature ever since. I believe I told you when I was there, how much fluid that had been taken off altogether. Anyway I had 2,400 cubic centimeters taken off overseas and the total aspirated was 6,800 cubic centimeters.

"Well, I must close for now and if you wish to know more about me before I leave here, I would be pleased to answer everything in the next letter. So I'm hoping and trusting to hear from you very soon.

"Sincerely yours,

"HAROLD W. C. SCHWIEBERT."

The grammatical construction of this letter is poor in places, but I thought it best to leave it as it is.

I hope that some day the veterans' facilities will be "clear up."

I heard you in Chicago and appreciate the fight that you are making for these boys. If your paper from Chicago is to be published, I would appreciate very much having several copies for myself and other friends who are interested in tuberculosis.

Sincerely yours,

H. H. BRUECKNER, M. D., *Superintendent.*

EXHIBIT B

BUT SCHWIEBERT BEGGED IN VAIN. HOW MANY OTHERS MUST DIE BEFORE WE CLEAN UP OUR VETERANS' HOSPITALS?

DISTRICT TUBERCULOSIS HOSPITAL,
Lima, Ohio, July 6, 1944.

Re Harold Schwiebert

LOUIS I. DUBLIN, PH. D.,

Third Vice President and Statistician.

New York Life Insurance Co., New York, N. Y.

DEAR DR. DUBLIN: It might be of interest to you to know that Mr. Harold Schwiebert will not have a chance of coming to this hospital for removal of his pleural effusion.

He died July 2 of apparently cardiac failure and cardiac embarrassment, probably because of severe mediastinal shift caused by effusion.

Sincerely yours,

H. H. BRUECKNER, M. D., *Superintendent.*

Mr. McQUEEN. Now, how long has he been your secretary?

Mr. PHILBIN. For 3 years.

Mr. McQUEEN. What was his employment prior to that time?

Mr. PHILBIN. Newspaperman. He was a newspaperman.

Mr. McQUEEN. And with whom?

Mr. PHILBIN. In the Third Congressional District, which I represent, with the Marlboro Enterprise and with several other papers in that district.

Mr. McQUEEN. How long before March 7 was this release prepared?

Mr. PHILBIN. I think that that release was prepared the day before, if I recall exactly. I think it was the day before or morning of the time that I released—that I made my speech on the floor of the House. It was either the day before or the morning of.

Mr. McQUEEN. Either the 6th of March or the morning of the 7th of March.

Mr. PHILBIN. That is correct.

Mr. McQUEEN. Had you received the 500 or 600 copies of the Cosmopolitan prior to that time that you referred to it in your speech of March 7?

Mr. PHILBIN. No; I had not.

Mr. McQUEEN. When did you receive those magazines?

Mr. PHILBIN. They were received the day I made the speech. I think.

Mr. McQUEEN. That was on March 7?

Mr. PHILBIN. That is right. I am not sure about that. I think it was the day I made the speech, because they were distributed to the Members that day. Or, I think, the next day or the next 2 or 3 days they were distributed to the Members.

Mr. McQUEEN. How are those magazines shipped?

Mr. PHILBIN. They were sent to my office directly?

Mr. McQUEEN. And approximately 500 or 600 of them?

Mr. PHILBIN. Well, enough to cover the Members of the House.

Mr. McQUEEN. Were they delivered by mail or express?

Mr. PHILBIN. I think express.

Mr. McQUEEN. Who did you consult with on the staff of the organization of the magazine about the furnishing of the 600 magazines?

Mr. PHILBIN. I did not consult with anyone on the staff. I had a friend of mine from New York who was a public-relations man who visits me quite frequently in Washington and he told me he would be glad to ask the publishers if they would make these copies available for Members, and I was anxious that the Members should have these, so I readily acquiesced, and those copies of the magazine were received and distributed.

Mr. McQUEEN. Now, what was that man's name?

Mr. PHILBIN. I would be glad to tell you in executive session, but he is a personal friend. He has no connection with the Cosmopolitan magazine, he has no connection with Mr. Maisel, the author of the article in question.

The CHAIRMAN. Let me hear the question again.

Mr. McQUEEN. The question was, How did you receive the magazines which were distributed to the Members of the House, and he stated that they were shipped to him, and then I believe I asked under what circumstances, just voluntarily, and I believe Mr. Philbin stated then that through a friend of his the arrangements were made with the publishers in New York, and I asked for the friend's name.

The CHAIRMAN. I think, Mr. Philbin, you should give that name.

Mr. PHILBIN. Well, I ask the privilege as a Member of this House to give that name in executive session.

The CHAIRMAN. We have declined, as you are a Member, to subpoena you and put you on oath, but we have the power to do so.

Mr. PHILBIN. Well, I am not questioning that but I am asking as a matters of courtesy—

The CHAIRMAN. As far as I am concerned I am not willing for you to have an individual engaged in the spreading of this propaganda to the Members of the House and then refuse to give his name.

Mr. PHILBIN. Oh, I take the responsibility myself.

I made reference to that in my speech on the floor, and I do not deny it, but am I going to be questioned here for anything I said on the floor of the House of Representatives?

The CHAIRMAN. You have no right to work with a man on the outside with reference to as serious a charge as this and then withhold from the committee—withhold from the committee the name of that man.

Mr. PHILBIN. Mr. Chairman, this magazine was published all over the country. I simply distributed the magazine that was published and distributed on the newsstands, and I maintain the responsibility squarely for that issuance to the Members.

Whether right or wrong, whether true or false, I think the Members ought to read that article. It contains very serious charges, and I was willing on my own responsibility to distribute that article to the Members of the House.

The CHAIRMAN. But we want the name.

Mr. PHILBIN. I want the privilege of giving it in executive session.

The CHAIRMAN. No, sir; we want it in this record.

Mr. PHILBIN. The name is Joseph Smith.

Mr. McQUEEN. What is his relation in New York?

Mr. PHILBIN. He is a public-relations man, a friend of my family's, and I should say a close friend.

Mr. McQUEEN. Now, does Joseph Smith in his public-relations duties and service have any connection with the Cosmopolitan Magazine Publishing Co.?

Mr. PHILBIN. I do not think he has any direct connection with the Cosmopolitan magazine.

Mr. McQUEEN. You do not think he has?

Mr. PHILBIN. No; I know that he has no direct connection with the Cosmopolitan magazine. He is a public-relations man.

Mr. McQUEEN. Now, Mr. Philbin, of course your press release that you put out on March 7 and your speech which you made on March 7 simultaneously were all based on the articles which appeared in the Cosmopolitan magazine for March, which comes on the newsstands about the first of March.

Is that not true?

Mr. PHILBIN. Well, I think that is true. That magazine was issued sometime before the speech was made.

Mr. McQUEEN. Well, how long?

Mr. PHILBIN. I do not know. I had it in my possession for several days, probably a week.

Mr. McQUEEN. Do you have an advance copy?

Mr. PHILBIN. No.

Mr. RAYFIEL. Mr. Chairman, I object to this line of questioning. I do not think it is germane.

Mr. PHILBIN. I think it is an invasion of my privileges to question me about anything I said on the floor of the House.

Mr. McQUEEN. Well, Mr. Chairman, I want to be perfectly fair about this matter but I do want to find out on what these charges are based.

If these are based on that magazine article we can follow that up.

Mr. GREEN. Are these based on the magazine article?

Mr. PHILBIN. Not entirely. There were some references to the magazine article but there are more references to other charges.

I have been questioned here about statements I made on the floor of the House, and in my judgment I think that is going beyond the prerogatives of this committee to question me about any statement I made on the floor of the House.

The CHAIRMAN. The Chair has read the rules. I am going to overrule the objection of the gentleman from New York, Mr. Rayfiel. I think these questions are relevant, competent, and material.

Now, as to the objections as to constitutional privileges, you cannot be questioned elsewhere for statements made on the floor of the House, but you are not elsewhere.

Mr. PHILBIN. I do not think you can be questioned in committee either.

The CHAIRMAN. This is a committee of the House.

Mr. PHILBIN. Yes.

The CHAIRMAN. And we are governed by the rules of the House, and you are asked questions about material that you submitted on the floor of the House on which this investigation is made, and I think it is the witness' duty to answer those questions.

Mr. PHILBIN. I am anxious to answer every question but I have said, and I want to repeat it, that I am being questioned without right and in contravention of the rules of the House for statements that I made on the floor of the House, and it is an invasion of my constitutional rights.

Mr. RAYFIEL. I appeal to the members of the committee on the ruling of the Chair on my motion.

My objection is overruled and I appeal to the members of the committee on the ruling of the Chair.

The CHAIRMAN. All right. You have heard the appeal of the gentleman from New York. We will go into executive session when we pass on this appeal. I will say that. We will go into executive session to pass on this appeal.

(Whereupon, the committee proceeded to proceed in executive session.)

(Following the proceedings in executive session the committee resumed as follows:)

The CHAIRMAN. Now, Mr. Philbin, we are right back where we started when we went into executive session.

Your testimony has been given and has gone into the record and will be published along with the rest of the testimony.

Now, you say you have a letter that you want to read to the committee.

Mr. PHILBIN. Yes.

The CHAIRMAN. Read the date and address of it.

Mr. PHILBIN. It is undated [sic] and it is signed by George H. Listman, of 466 Lexington Avenue, New York.

The CHAIRMAN. When did you receive it?

Mr. PHILBIN. Just a few minutes ago from a representative of the American Veterans' Committee.

Mr. KEARNEY. I received one this morning also.

The CHAIRMAN. To whom is it addressed?

Mr. PHILBIN. It is addressed to the House Veterans' Committee of the Congress of the United States.

It refers to a man who it is alleged died as a result of a fall in one of the veterans' facilities at Jefferson Barracks, Mo., and I refer it to counsel.

The CHAIRMAN. I am not objecting to it, I just want to know what it is.

Mr. KEARNEY. Mr. Chairman, I have the correspondence here and it is not a question of any abuse. It is the question of an accident that happened to this gentleman's brother on some stairs or railing, or something, and this man was fatally injured.

Mr. PHILBIN. I was just asked to put it in the record.

The CHAIRMAN. If it was addressed to the committee, as chairman of the committee I wanted to see it, but I have no objection to it going into the record if the other members of the committee are agreeable.

Mr. PHILBIN. It has to do with safety regulations.

Mr. SCRIVNER. I think Mr. Philbin has been very patient, and we have enjoyed having him here.

Mr. KEARNEY. Mr. Chairman, I think Mr. Philbin should be complimented by the committee for bringing to the attention of the committee these letters he has received and to assure him that so far as we

personally are concerned, there will be an investigation on each and every one of them.

The CHAIRMAN. Yes; I will say to the gentlemen from Massachusetts that we are going to investigate every one of these cases, and we are already investigating them.

Mr. PHILBIN. Well, I hope you will investigate them very carefully, and it will be very helpful if you do.

The CHAIRMAN. It is 15 minutes to 12 o'clock and we will not be able to hear any more witnesses, and I would like to talk to the committee just a minute.

Mr. McQUEEN. Before you go in executive session I would like to have Mr. Deutsch, whom I have subpoenaed and who is here, and I would like to have you instruct him when to be back here.

The CHAIRMAN. I would say 10 o'clock tomorrow morning, if that is satisfactory to the committee.

(Mr. Deutsch is sworn by the chairman.)

The CHAIRMAN. Be back here in the morning at 10 o'clock.

Now, I would like to have an executive session.

Mr. McQUEEN. I wish to put in the record the letter which Mr. Philbin read.

The CHAIRMAN. Without objection, it is so ordered.

(The letter follows:)

IN THE MATTER OF THE INVESTIGATION OF THE EFFICIENCY OF THE VETERANS' ADMINISTRATION AND THE OPERATION OF ITS FACILITIES BY THE HOUSE VETERANS COMMITTEE OF THE CONGRESS OF THE UNITED STATES

I, George H. Listman, employed by the New York Central Railroad at 466 Lexington Avenue, New York, N. Y., herewith present the following case for the consideration of the committee:

On Sunday, January 30, 1944, my brother, Robert W. Listman, an honorably discharged veteran of the United States Naval Reserve, died at the United States Veterans Facility, Jefferson Barracks, Mo., as the result of a fall which was termed accidental by the Veterans' Administration.

On May 17, 1944, I initiated correspondence with the medical director at Washington in an effort to obtain the facts surrounding my brother's death. This correspondence continued until December 8, 1944, ending with a letter from the Administrator, Frank T. Hines himself, who simply repeated previous statements of the medical director, but at greater length.

My request for a report of the Administration's investigation into my brother's death was denied because of Administration policy, and my brother's death still remains a mystery to me.

The Administration states that my brother probably accidentally fell over a 36-inch-high wrought iron bannister into a 12-foot-deep cement stair well, at the bottom of which his body was found. I have pressed the charge throughout my correspondence with the Administration that a 36-inch bannister is not of sufficient height to protect against falling into a 12-foot drop, yet the Administration states that a bannister of such height appears to be sufficient protection, and in the same letter admits that a man probably did fall over the bannister.

I desire that the House Veterans' Committee include this case in its investigation of the Veterans' Administration. Steps should be taken to determine whether there are other dangerous features in existence on hospital properties of the United States Veterans' Administration, and if such are found, corrective measures should be ordered, including the facility at Jefferson Barracks.

My original file is available upon request.

Respectfully submitted.

GEORGE H. LISTMAN.

NEW YORK 17, N. Y., May 16, 1945.

The CHAIRMAN. Is that all, Mr. McQueen?

Mr. McQUEEN. That is all from me, sir.

The CHAIRMAN. We will go into executive session for a few minutes. (Whereupon the committee proceeded in executive session.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, MAY 17, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

EXECUTIVE SESSION

The committee met in executive session at 10:50 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. Mr. Philbin, the committee decided to call you back in here in executive session and I think it is my duty to tell you that we reserve the right to publish this testimony. If you do not want to answer these questions—

Mr. SCRIVNER. Subject to the vote of the committee.

The CHAIRMAN. I say the committee reserves the right. And with that understanding counsel will proceed to ask you the questions that he wants to ask. If you do not want to answer them, say so; and we will enter your objection in the record. We do not want to restrict you.

STATEMENT OF HON. PHILIP J. PHILBIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr. PHILBIN. I did not think that you did.

The CHAIRMAN. No. Probably before this thing ends we will have half a million disabled veterans in these hospitals.

Mr. PHILBIN. That is true.

The CHAIRMAN. This proposition has caused unrest and disturbance all over the country and we want to get the facts and find out what is behind all this.

Mr. PHILBIN. May I speak for just a moment—

Mr. ALLEN. Just a moment. Mr. Chairman, I want the record to show that I am opposed to taking any testimony in this matter in executive session unless I know that it is going to be made public, because I think the public is entitled to all these facts.

Mr. GIBSON. I want to subscribe to that statement.

Mr. SCRIVNER. Mr. Chairman, I think after the thing is over Mr. Philbin will subscribe to that.

Mr. PHILBIN. May I speak off the record? I have made it clear that I have nothing further to add to the testimony that I have sub-

mitted, the letters I have submitted, which I think you ought to investigate.

There is no conspiracy of any kind here. If anybody here has it in the back of their minds that there has been a conspiracy between me and news publishers, whether they are representatives of the Cosmopolitan magazine or any other organization, I can assure you I have no contact with any man who may be interested in fomenting anything of the kind.

The CHAIRMAN. No. What we think is that you have been made a victim of those things.

Mr. PHILBIN. No. I think that is underestimating my intelligence, that I could be made a victim of any such conspiracy. I am wholeheartedly interested in these things.

The CHAIRMAN. I understand. And counsel may proceed with his questioning.

Mr. SCRIVNER. Mr. Chairman, may I make an observation?

Mr. Philbin, one of the things that has concerned us is that a few days after your speech copies of the Cosmopolitan magazine, I do not know how many hundreds or thousands, were circulated to people who never asked for them or paid for them.

There were thousands and thousands of reprints of this article that were submitted to patients in veterans' hospitals.

Somewhere, somehow, someone got the names of wives and mothers of veterans and they were sent this article.

Now, that could not be done without money.

Now, why it was done I have no idea in the world. But I do know that these wives and mothers have just been made sick at heart.

Mr. PHILBIN. I had nothing to do with circulating those. I had them circulated to the Members of the House.

Mr. SCRIVNER. Let me finish. So we have in mind that somewhere along the line we can find out why.

Now, those things are not done without a reason. They do not spend that much money unless they have some reason for spending it.

Probably you do not know, but some little information you may have somewhere along the line may just furnish us the lead.

Of course, we want to find out how many of these charges are true or not, whoever it hurts.

Mr. PHILBIN. I would not be responsible whatever for the persons who circulated those articles generally.

The CHAIRMAN. Mr. McQueen, you may proceed.

Mr. McQUEEN. Mr. Philbin, was there anybody else with Joe Smith when they came to call upon you about this thing?

Mr. PHILBIN. No. I think—Mr. Smith has come to my office several times. He is a personal friend. There may have been other people with him. I think on one occasion one of his business associates was with him. I do not recall his name.

Mr. McQUEEN. Let me ask you, was his name Jack Clemmons?

Mr. PHILBIN. Yes; I think it was.

Mr. McQUEEN. Now, who are these two employed by?

Mr. PHILBIN. Well, as I understand it they are public relations counsel.

Mr. McQUEEN. Do you know what company?

Mr. PHILBIN. No. I think they have several accounts. They are dealing with magazines and periodicals.

Mr. McQUEEN. Do you know whether they had the account of the Cosmopolitan magazine?

Mr. PHILBIN. No; I do not. I know they had contacts with them.

Mr. McQUEEN. Was it through their efforts that these 600 copies were furnished to you?

Mr. PHILBIN. It was through Mr. Smith's efforts.

Mr. McQUEEN. Can you give me those gentlemen's addresses? Is it in New York?

Mr. PHILBIN. It is somewhere on Eighth Avenue in New York. I will get that for you.

Mr. McQUEEN. You can give me each address?

Mr. PHILBIN. I can give Mr. Smith's. I do not know about Clemmons.

Mr. McQUEEN. Now, of course, Mr. Philbin, you are a veteran of the First World War?

Mr. PHILBIN. Yes.

Mr. McQUEEN. And you are just as interested as any of these gentlemen are and, of course, Mrs. Rogers, in bringing out the true facts in regard to this.

Now, did Mr. Smith or Mr. Clemmons introduce to you Mr. Maisel?

Mr. PHILBIN. No. They arranged to have Mr. Maisel call upon me. This is subsequent to the time that I introduced the resolution, some time subsequent. I could not fix the time but it was 2 or 3 weeks afterwards.

And I had some talk with Mr. Maisel about his article and I went over some of his material with him. But it had no reference at all to my resolution and had no reference to any speeches I have made in the House or before the Rules Committee or anywhere else, and I do not know Mr. Maisel except from meeting him on that occasion, which was subsequent to the time that I introduced the resolution.

Mr. McQUEEN. Let me ask you, was this press release actually mimeographed in your office?

Mr. PHILBIN. No.

Mr. McQUEEN. Where was it mimeographed?

Mr. PHILBIN. It was mimeographed in Mr. Ward's office.

Mr. McQUEEN. Here in Washington?

Mr. PHILBIN. Yes.

Mr. McQUEEN. Is that in Congress?

Mr. PHILBIN. Yes.

Mr. GIBSON. He is the majority man down here that does our printing.

Mr. McQUEEN. Was the material that was in this furnished in toto to your office?

Mr. PHILBIN. Well, I had a release to me. Only that is my release [indicating].

Mr. McQUEEN. Was that material furnished in toto by your office or were there any suggestions in this release—

Mr. PHILBIN. No. No. I dictated practically the whole release by myself.

Mr. McQUEEN. Did Mr. Clemmons or Mr. Smith suggest any items to be put in this release?

Mr. PHILBIN. No, but I understand they did make independent releases concerning Mr. Maisel's article.

Mr. McQUEEN. After their conference with you?

Mr. PHILBIN. No. I think it was before. But it may have been after my statement on the floor of the House.

I think they made a release of their own, but I would not want to say definitely about that.

Mr. McQUEEN. Can you establish for this committee the exact date that you decided to ask for this investigation of the Veterans' Administration?

Mr. PHILBIN. I should say it was some time in the first week of March.

Mr. McQUEEN. That is, you made up your mind during the first week in March, between the 1st and the 7th, that you would instigate or introduce the resolution for the investigation of the Veterans' Administration?

Mr. PHILBIN. That is right.

Mr. McQUEEN. And that was approximately the time that you talked with Mr. Smith and his friend, Mr. Clemmons?

Mr. PHILBIN. Yes. That article impressed me, and another article by Mr. Bolte impressed me very much.

Mr. McQUEEN. Mr. Bolte?

Mr. PHILBIN. B-o-l-t-e.

Mr. McQUEEN. Who does he write for?

Mr. GREEN. He is the head of the American Veterans.

Mr. PHILBIN. He is the head of the American Veterans Committee and he has written several articles.

And then, articles by Mr. Keith, who writes for the Herald-Tribune, were also very impressive, and some articles that appeared in the New York Times.

There have been several articles appearing in nationally known periodicals and papers that have impressed me very much in connection with these veterans' matters.

I thought it was about time, as a result of this accumulation of news items and reports and my own information, that I decided the matter had gone far enough.

Mr. McQUEEN. Did Mr. Keith call on you?

Mr. PHILBIN. He has called me but I have had no——

Mr. McQUEEN. He has not talked with you about this?

Mr. PHILBIN. Well, he called me from the floor of the House, one day. We had a very brief conversation. I told him to see me at a later time, that I was very busy.

Mr. GREEN. I wonder if we could go into a public hearing now?

The CHAIRMAN. Let us finish with Mr. Philbin while he is in here.

Mr. McQUEEN. Mr. Philbin, do you know of your own knowledge that the St. Elizabeths Hospital out here is not operated by the Veterans' Administration?

Mr. PHILBIN. I understand that is a Navy hospital. I visited that hospital.

Mr. McQUEEN. And not operated by the Veterans' Administration?

Mr. PHILBIN. I understand it is a Navy hospital.

Mr. McQUEEN. Now, you stated you had many letters there——

The CHAIRMAN. Mr. Philbin, is it not a District hospital?

Mr. PHILBIN. I always thought it was a Navy hospital.

Mrs. ROGERS. Is it not operated by Public Health?

Mr. PHILBIN. That is right.

The CHAIRMAN. And it is under the jurisdiction of the District of Columbia?

Mr. PHILBIN. That is right.

Mr. McQUEEN. Now, Mr. Philbin, you stated you received some letters that were complimentary of the service in veterans' hospitals. Could you give this committee any idea of approximately how many of those you received in that bulk of letters?

Mr. PHILBIN. I should say I have seen three or four. It is a very small number compared to the total number I have received.

Mr. HUEER. Mr. Chairman, could the meeting not be made public at this stage?

The CHAIRMAN. We will finish with him.

Mr. McQUEEN. And you did not put those letters in the record at all, any of the complimentary letters?

Mr. PHILBIN. No. That is true. I made reference to the fact that the problems were very difficult and that I thought that General Hines was trying his best. I paid my tribute to General Hines who, I think, is a fine gentleman, but I said also that I think the situation had gotten out of hand and ought to be investigated.

Mr. McQUEEN. Now, Mr. Philbin, have you not found from the letters that you have received that those that complain that there would be or might be reprisals against them were all either inmates of NP hospitals, or men who were suffering from mental diseases?

Mr. PHILBIN. Yes. I think it is fair to say that a great many of those letters may have come from inmates or the friends of inmates of mental hospitals.

Mr. McQUEEN. In other words, you have never had a letter from a man who was in the hospital with a gunshot wound or some disability which he received in the Army and who is not himself a mental case, that has ever felt that there would be any reprisals against him, have you? You do not know of any of them?

Mr. PHILBIN. Running through all of the correspondence is a feeling quite strongly expressed, a fear of reprisals.

Mr. McQUEEN. But that comes, generally speaking, from mental hospitals?

Mr. PHILBIN. Well, I would not want to draw that conclusion.

Mr. McQUEEN. I think that is all I have for Mr. Philbin.

The CHAIRMAN. Any other questions?

Mr. CUNNINGHAM. I have a question. Mr. Philbin, do you have any objection to having anything you have testified to being made public?

Mr. PHILBIN. No, I would not. That is, I want to put this qualification on it: I do not want any embarrassment to ensue to this committee or any member of this committee, and whatever this committee decides with regard to that matter is satisfactory to me.

Let me reiterate this, that I am most anxious to answer any questions that I think can throw light on the subject matter of the inquiry, but this is the third day I have been here and I have made it clear I have done about everything I can do at this particular time to help the investigation. I do not know that there is any more I can do.

The CHAIRMAN. The suggestion you answer these questions did not come from you at the beginning. Of course you raised the question that you are a Member of Congress here.

Mr. PHILBIN. I think that is very questionable whether you can question me. As I say, I want to answer any question that you think would be helpful, but I do not want to be brought in here and detained here for days, particularly when I do not feel that I can throw any light on the testimony.

The CHAIRMAN. But this suggestion of this testimony did not come from you. I can certify to that. Personally I take the same position I took in the beginning and I see nothing wrong in your being asked to answer these questions.

Mr. PHILBIN. Did you make a ruling here whether or not my privilege as a Congressman entitled me to some consideration?

The CHAIRMAN. I will tell you what—that matter is disposed of and there is nothing here that would embarrass you in any way about what you said on the floor of the House.

I am going to look into that question because it is very questionable to me. We are all Members of Congress. You are a Member of Congress. I can make a statement on the floor and, judging from experience, any man can rise and question it.

Now, we are a committee of the House. We are governed by the rules of the House. And in my opinion the constitutional provision against questioning a Member of Congress about what is said on the floor does not apply to what is said in a committee of the House.

Mr. PHILBIN. Well, I think if that was so it would not be very good. Anyone who was hostile might circumvent it.

The CHAIRMAN. That privilege is given a Member of Congress in order to keep him from being harassed with lawsuits and litigation on the outside. But you are also protected here, because you are in the House of Representatives.

Mr. PHILBIN. Well, I want to answer these questions, but when I asked you for an executive session to disclose the name of a personal friend I felt that as a Member of the House I was entitled to that courtesy.

The CHAIRMAN. That was not a matter of courtesy to you, it was a question of the man himself.

So the reason for that rule to protect a man from being questioned on the outside does not apply to questions that may be asked him before a committee. Because so far as you are concerned you are protected in what you say here just the same as if you are on the floor of the House of Representatives.

Mr. PHILBIN. Yes, but I think it may apply anywhere, either in committee or out of committee. I think it may. I am not sure.

Mr. CUNNINGHAM. I move that his testimony given in executive session be made public.

Mr. SCRIVNER. That is, it will go in the record.

Mr. CUNNINGHAM. Yes. Go in the record.

The CHAIRMAN. Why not take everything that is said?

Mr. GREEN. I second the motion, Mr. Chairman.

The CHAIRMAN. You have heard the motion of the gentleman from Iowa, Mr. Cunningham, that this testimony be published in the record along with the rest of it.

(The question was put by the chairman, and the motion was carried.)

Mrs. ROGERS. Mr. Philbin, do you know of any doctor who was very interested in this investigation?

Mr. ERVIN. Just a minute. I want to make a request of the chairman. I want to favor your suggestion.

Mr. GREEN. Mr. Chairman, in view of the fact that we are practically finished with Mr. Philbin I was going to ask that we bring in the public.

The CHAIRMAN. Go ahead, Mrs. Rogers.

Mrs. ROGERS. Do you know of any doctor who is particularly interested in having the whole situation investigated? I know many of them are troubled, and sincerely so, and I heard Dr. Dublin's figures—now authenticated—and whoever wrote that may just have picked them up. But I wondered if you knew of any physicians who are interested in the investigation.

Mr. PHILBIN. Well, the medical journal had articles. I have not had time to read them, but I think they tell you that many doctors are interested.

The CHAIRMAN. What medical journal?

Mr. PHILBIN. I think the American Medical Journal. I am going to get the articles for you. I will have them available for the committee.

Mr. GIBSON. Do you know of your own knowledge that the doctors have been a little bit disturbed in the American Medical Association because the doctors of veterans' hospitals will not join their association and pay their dues?

Mr. PHILBIN. No; I did not know that.

Mr. KEARNEY. Well, some of them do not stay in the same place.

The CHAIRMAN. What doctor is that, Mrs. Rogers?

Mrs. ROGERS. Dr. Dublin, of the Red Cross. I understand that the figures used regarding the number of deaths, and so forth, were used by Dr. Dublin.

The CHAIRMAN. Well, is it not a fact that Dr. Dublin has an ax to grind and he is sore at the Veterans' Administration?

Mrs. ROGERS. I do not know about that.

Mr. AUCHINCLOSS. Mr. Chairman, I move we go into public session.

The CHAIRMAN. Just a minute.

Is he a medical doctor, Mrs. Rogers?

Mrs. ROGERS. Yes.

Mr. AUCHINCLOSS. I move we go into public session.

Mr. HUBER. I second the motion.

Mr. McQUEEN. May I ask just one more question?

Mr. Philbin, is it not a fact that the desire or the basis for the investigation or the request for the investigation was based primarily upon the Cosmopolitan Magazine article in March?

Mr. PHILBIN. No. That is not a fact.

The CHAIRMAN. That is all?

Mr. McQUEEN. That is all.

Mr. PHILBIN. I have one letter I would like to turn over. Shall I read it?

Mr. AUCHINCLOSS. I ask a vote on my motion.

The CHAIRMAN. Mr. Auchincloss, we asked him in here on investigation.

Mr. AUCHINCLOSS. Yes; but he has agreed to put everything in the record. They are standing out there wondering what is going on. I have made this motion and I would like to have it put to a vote. And it has been seconded.

The CHAIRMAN. Now, it has been moved and seconded that we go out of executive session before we dismiss Mr. Philbin.

Mr. PICKETT. One other question. In view of the fact that the committee has endorsed that the testimony given by Mr. Philbin in executive session is now to be made public, we ought to give it to the newspapermen.

The CHAIRMAN. We have not endorsed it.

Now, the motion of the gentleman from New Jersey is that we go back into open session.

(The question was put by the chairman and the motion was carried.)

(Whereupon, at 11:20 a. m., the committee proceeded in open session.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

FRIDAY, MAY 18, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will please come to order. I would like to say to the members of the committee that the impression went out through the press that the testimony taken yesterday was secret. That is a mistake. That testimony was all inserted in the record by agreement and it is a part of the record and will be published along with the rest of the testimony.

You may call your first witness.

Mr. McQUEEN. Mr. Chairman, what you have just said was announced yesterday.

The CHAIRMAN. It was announced and agreed to by the committee and by the witness. It was announced after we went back into regular session.

Mr. McQUEEN. The first witness is Mr. Deutsch.

TESTIMONY OF ALBERT DEUTSCH

(The witness had previously been duly sworn.)

Mr. DEUTSCH. Mr. Chairman, I have prepared a brief statement which I should like to read, with your permission.

The CHAIRMAN. You are here as a witness to answer whatever questions counsel and the committee may wish to ask.

Mr. DEUTSCH. I have carefully prepared the statement.

The CHAIRMAN. I understand; but you are here as a witness.

Mr. McQUEEN. We can use it later, if necessary.

Mr. DEUTSCH. Can I submit it for the record?

The CHAIRMAN. You may submit it to counsel and he will pass on it. But, for the time being, you will answer the questions propounded by counsel.

Mr. McQUEEN. Mr. Chairman, I would like to correct the record of the day before yesterday and yesterday, where I referred to Marine Corps or marine hospitals; I should have known better. Of course, those hospitals are operated by the Navy and it should be so stated

in the record. Those are all Navy hospitals, as I understand it. There are no Marine Corps hospitals, as such.

The CHAIRMAN. Without objection, the record will be corrected as indicated.

Mr. Deutsch, you have been sworn, have you not?

Mr. DEUTSCH. I was sworn yesterday.

Mr. McQUEEN. Your name is Albert Deutsch?

Mr. DEUTSCH. Deutsch.

Mr. McQUEEN. You spell it D-e-u-t-s-c-h?

Mr. DEUTSCH. Yes, sir.

Mr. McQUEEN. Where were you born, Mr. Deutsch?

Mr. DEUTSCH. New York City.

Mr. McQUEEN. What day?

Mr. DEUTSCH. October 24, 1905.

Mr. McQUEEN. How old are you today?

Mr. DEUTSCH. Thirty-nine.

Mr. McQUEEN. Are you a veteran of this or other wars?

Mr. DEUTSCH. I am not. May I explain that I was rejected by the Army for physical disability. My right eye is artificial.

Mr. McQUEEN. You have never had any military service?

Mr. DEUTSCH. No, sir.

Mr. McQUEEN. By whom are you employed at this time?

Mr. DEUTSCH. PM newspaper.

Mr. McQUEEN. How long have you been employed there?

Mr. DEUTSCH. Four years.

Mr. McQUEEN. Prior to that time where were you employed?

Mr. DEUTSCH. New York State Department of Social Welfare.

Mr. McQUEEN. What dates?

Mr. DEUTSCH. 1936 to 1941.

Mr. McQUEEN. Where were you employed prior to that time?

Mr. DEUTSCH. I did a book on the history of the care of the insane in the United States, under a grant of the American Foundation for Mental Hygiene, from 1934 to 1936.

The CHAIRMAN. What was that answer?

Mr. DEUTSCH. I got a foundation grant from the American Foundation for Mental Hygiene to write a history of the care of the mentally sick in the United States, published as the Mentally Ill in America.

Mr. McQUEEN. Where were you employed prior to that time?

Mr. DEUTSCH. New York State Department of Social Welfare.

Mr. McQUEEN. And prior to that time, prior to 1934?

Mr. DEUTSCH. New York State Department of Social Welfare.

Mr. McQUEEN. You stated in the record awhile ago that you were employed in that department from 1936 to 1941.

Mr. DEUTSCH. I was employed there from 1932 to 1934.

Mr. McQUEEN. 1932 to 1934?

Mr. DEUTSCH. 1934. I left that employ to write this book.

Mr. McQUEEN. Prior to the time you wrote that book, where were you employed?

Mr. DEUTSCH. I said, New York State Department of Social Welfare.

Mr. McQUEEN. How long?

Mr. DEUTSCH. Two years.

Mr. McQUEEN. Where were you prior to 1932?

Mr. DEUTSCH. For 1 year I was employed by the Temporary Employment Relief Administration.

Mr. McQUEEN. Where?

Mr. DEUTSCH. New York State.

Mr. McQUEEN. That was back in 1932?

Mr. DEUTSCH. 1931 to 1932, as I recall it.

Mr. McQUEEN. Where, prior to 1931?

Mr. DEUTSCH. The National Encyclopedia, published by P. F. Collier & Co.

Mr. McQUEEN. As a salesman or a writer?

Mr. DEUTSCH. Writer; and on the editorial staff.

Mr. McQUEEN. What subjects did you write on in the encyclopedia?

Mr. DEUTSCH. Ancient history.

Mr. McQUEEN. How long were you on that assignment?

Mr. DEUTSCH. Two years.

Mr. McQUEEN. What did you do prior to that time; that would be prior to 1930?

Mr. DEUTSCH. I was with the Weedon's Modern Encyclopedia; a children's encyclopedia now known as the Britannica Junior.

Mr. McQUEEN. In what capacity?

Mr. DEUTSCH. As a writer.

Mr. McQUEEN. What subjects?

Mr. DEUTSCH. A variety of subjects.

Mr. McQUEEN. Well, what?

Mr. DEUTSCH. Including history; mainly historical subjects.

Mr. McQUEEN. How long were you on that assignment?

Mr. DEUTSCH. Two years.

Mr. McQUEEN. Prior to 1928, what was your assignment?

Mr. DEUTSCH. I was with the troupe of Walter Hampden in Cyrano de Bergerac; an actor.

Mr. McQUEEN. An actor, in 1928?

Mr. DEUTSCH. 1927, I believe it was.

Mr. McQUEEN. How long did you follow that?

Mr. DEUTSCH. Six months.

Mr. McQUEEN. What parts did you play?

Mr. DEUTSCH. I played walk-on parts.

Mr. McQUEEN. What was the nature of the play?

Mr. DEUTSCH. The play was Rostand's Cyrano de Bergerac. I played the part of a priest.

Mr. McQUEEN. What did you do prior to that?

Mr. DEUTSCH. May I explain?

Mr. McQUEEN. Go ahead.

Mr. DEUTSCH. I went into the theater because I had the intention of writing a play and wanted to learn the theater from backstage.

Mr. McQUEEN. You remained there about a year in that work?

Mr. DEUTSCH. That is right; I would say about 8 months.

Mr. McQUEEN. Where were you prior to that time?

Mr. DEUTSCH. I was employed by—I think it was the May Co. in Los Angeles, Calif.

Mr. McQUEEN. That is a department store, is it not?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. In what capacity?

Mr. DEUTSCH. Salesman, and I think worked in the shipping room.

Mr. McQUEEN. What year was that?

Mr. DEUTSCH. About '26 to '27, believe it was.

Mr. McQUEEN. Prior to the time you were employed by the May Co.—

Mr. DEUTSCH. I am sorry; that was the Broadway Department Store in Los Angeles.

Mr. McQUEEN. Prior to that time where were you employed?

Mr. DEUTSCH. I was employed at odd jobs throughout the year. I was a stevedore in New Orleans for a time, worked in the drydock at San Pedro, Calif., for a time.

Mr. McQUEEN. What year.

Mr. DEUTSCH. I guess that was about '25 to '27.

Mr. McQUEEN. Well, prior to 1925, what did you do?

Mr. DEUTSCH. I did odd jobs in New York City.

Mr. McQUEEN. What odd jobs?

Mr. DEUTSCH. I worked in an iron foundry for a while.

Mr. McQUEEN. How long?

Mr. DEUTSCH. About a year.

Mr. McQUEEN. Prior to 1919 what did you do?

Mr. DEUTSCH. I was at the Stuyvesant High School from 1919 to 1923.

Mr. McQUEEN. Where did you secure your education, in New York?

Mr. DEUTSCH. Self-educated, except for high school.

Mr. McQUEEN. Where did you go to high school?

Mr. DEUTSCH. Stuyvesant High School in New York City.

Mr. McQUEEN. Did you live with your parents during that time?

Mr. DEUTSCH. During my school years?

Mr. McQUEEN. Yes.

Mr. DEUTSCH. Yes.

Mr. McQUEEN. What business was your father in at that time?

Mr. DEUTSCH. I do not know what relevance that has to the hearing, but I will be glad to answer it. He was in the clothing business.

Mr. McQUEEN. In New York City?

Mr. DEUTSCH. In New York City; yes.

Mr. McQUEEN. What grade school did you attend in New York?

Mr. DEUTSCH. Graduated public school—what school did I attend?

Mr. McQUEEN. Yes.

Mr. DEUTSCH. P. S. 83, Manhattan.

Mr. McQUEEN. Where is that located, in New York City?

Mr. DEUTSCH. Manhattan.

Mr. McQUEEN. After you finished high school, where did you spend your next years in study?

Mr. DEUTSCH. After I finished high school I went into employment, as I said, and then knocked around the country for several years.

Mr. McQUEEN. Are you a married man?

Mr. DEUTSCH. Yes, I am.

Mr. McQUEEN. Where does your family live now?

Mr. DEUTSCH. In New York City.

Mr. McQUEEN. And the address?

Mr. McQUEEN. 115 East One Hundred and Sixty-ninth Street.

Mr. McQUEEN. Any children?

Mr. DEUTSCH. No.

Mr. McQUEEN. Have you any degrees?

Mr. DEUTSCH. No, I have not.

Mr. McQUEEN. When did you first start writing?

Mr. DEUTSCH. 1928 or 1929.

Mr. McQUEEN. '28 or '29.

Mr. DEUTSCH. Yes.

Mr. McQUEEN. What was the nature of those articles?

Mr. DEUTSCH. They were encyclopedia articles, written for this children's encyclopedia.

Mr. McQUEEN. When did you secure your employment with your present employer?

Mr. DEUTSCH. 1941.

Mr. McQUEEN. And you have been there since?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. When did you start writing the articles on Veterans' Administration matters?

Mr. DEUTSCH. I believe it was December 1944.

Mr. McQUEEN. December 1944?

Mr. DEUTSCH. Yes.

Mr. McQUEEN. Where were you located at that time; in New York?

Mr. DEUTSCH. In New York.

Mr. McQUEEN. What prompted you to select that subject?

Mr. DEUTSCH. Well, my particular work, which is the health and welfare field, brought me into contact with a large number of medical men.

Mr. McQUEEN. Who are those men?

✓ Mr. DEUTSCH. Well, I can mention some of them. Dr. George S. Stephenson, the medical director of the National Committee for Mental Hygiene. Dr. Luther S. Woodward, of the National Committee for Mental Hygiene.

You do not want me to give my entire medical acquaintance, do you?

Mr. McQUEEN. I want more than that.

Mr. DEUTSCH. Dr. Ernst Boas, Dr. Thomas A. C. Rennie, Dr. Edward A. Straker.

Mr. DOMENGEAUX. Do you want the addresses?

Mr. McQUEEN. I was going to ask the addresses be supplied.

Mr. DEUTSCH. You want the names in general?

Mr. McQUEEN. Yes, sir.

Mr. DEUTSCH. Surgeon General Thomas Parran, of the United States Public Health Service; Col. William C. Menninger, of the Surgeon General's office of the Army; Capt. Francis Braceland, of the Surgeon General's office of the Navy; Dr. Walter B. Cannon, of Boston; Dr. John P. Peters, of New Haven; Dr. Henry B. Richardson, of New York.

Mr. McQUEEN. Starting with that list of men, I take it that the first half dozen you have named are of New York City?

Mr. DEUTSCH. I don't know.

Mr. McQUEEN. The first one you named, George S. Stephenson, what is his address? *Stephenson*

Mr. DEUTSCH. New York City; 1790 Broadway.

Mr. McQUEEN. And what is his specialty?

Mr. DEUTSCH. Psychiatry. He is the medical director of the National Committee for Mental Hygiene.

Mr. McQUEEN. With offices in New York?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. And the second one, Dr. Woodward?

Mr. DEUTSCH. Rehabilitation director. He is in the rehabilitation division.

Mr. McQUEEN. What?

Mr. DEUTSCH. Rehabilitation division, as I understand, of the National Committee for Mental Hygiene.

Mr. McQUEEN. New York City, or the State of New York?

Mr. DEUTSCH. Well, their headquarters are in New York City. He is a field agent. I do not know where he came from originally.

Mr. McQUEEN. It is a national organization?

Mr. DEUTSCH. It is a national organization with branches in every State of the Union.

Mr. McQUEEN. Is he a sort of executive secretary?

Mr. DEUTSCH. No; he is not.

Mr. McQUEEN. What are his duties?

Mr. DEUTSCH. His duties, as I understand, are to help set up veterans' clinics and other services for veterans throughout the country.

Mr. McQUEEN. Ernest Boas?

Mr. DEUTSCH. New York City.

Mr. McQUEEN. And what address?

Mr. DEUTSCH. I think it is Park Avenue.

Mr. McQUEEN. And what number, if you know?

Mr. DEUTSCH. I do not know.

The CHAIRMAN. Can you supply it to the committee?

Mr. DEUTSCH. Surely.

The CHAIRMAN. Supply it for the record.

Mr. KEARNEY. Does the witness have to supply the addresses of all the doctors he has mentioned?

Mr. DEUTSCH. I should say I know literally hundreds of medical men. I think it would be wasting the time of the committee, although I would be very pleased to do so, to give the names of all the medical men of my acquaintance.

The CHAIRMAN. I understood counsel to ask you what men you conferred with before you started in writing these articles. That is what I understood counsel to ask.

Mr. DEUTSCH. I asked counsel if he wanted me to give my acquaintanceship in general, and he said "Yes."

Mr. McQUEEN. I want to know the men you conferred with before you started these articles in December 1944. You named two men, and I asked you to supply more names than that.

The CHAIRMAN. Mr. McQueen, do I understand that he conferred with all these men he has named before he started writing these articles?

Mr. McQUEEN. That was my understanding.

Mr. DEUTSCH. I think, if you will read the record, you will find that I asked if he wanted me to give my acquaintanceship in general.

Mr. KEARNEY. I did not understand it that way. I understood he asked for the doctors whom he knows.

Mr. DEUTSCH. Yes, sir.

Mr. McQUEEN. Whom did you confer with in December 1944, or at the time you decided to write these articles with reference to the Veterans' Administration?

Mr. DEUTSCH. I will have to depend on memory; I will try my best; Dr. Stephenson.

Given

Mr. McQUEEN. Where does he live, or where is his office?

Mr. DEUTSCH. He lives in Red Bank, N. J. His office is in New York.

Mr. McQUEEN. What is his specialty?

Mr. DEUTSCH. Psychiatry. He is the medical director of the National Committee for Mental Hygiene.

Mr. McQUEEN. The next man you conferred with?

Mr. DEUTSCH. I cannot give you these names in rotation, because I cannot remember.

Mr. McQUEEN. Oh, no; just whom you conferred with at any time before these articles were written.

Mr. DEUTSCH. Dr. John H. Baird, of the Veterans' Administration.

Mr. McQUEEN. Where did you confer with him?

Mr. DEUTSCH. In Washington.

Mr. McQUEEN. At the Veterans' Administration?

Mr. DEUTSCH. Yes.

Mr. McQUEEN. Who else did you confer with?

Mr. DEUTSCH. I believe I conferred with Colonel Woolford, head of the Tuberculosis Division of the Veterans' Administration; Dr. Philip Wilson, as I recall it.

Mr. McQUEEN. Where is he located?

Mr. DEUTSCH. He is I think the chief orthopedic surgeon at the hospital for special services.

Mr. McQUEEN. Where?

Mr. DEUTSCH. In New York.

Mr. McQUEEN. Who else did you confer with?

Mr. DEUTSCH. Dr. Ernst Boas.

Mr. McQUEEN. Where is he located?

Mr. DEUTSCH. New York City.

Mr. McQUEEN. What is his specialty?

Mr. DEUTSCH. He is a chest man.

Mr. McQUEEN. What hospital is he connected with, or what staffs is he on?

Mr. DEUTSCH. He is associate professor, or assistant professor, of internal medicine at the College of Physicians and Surgeons in New York, attached to the Columbia University.

Mr. McQUEEN. Who else did you confer with?

Mr. DEUTSCH. Dr. Lawrence S. Kubie, psychiatrist, attached to the New York Psychoanalytic Society.

Mr. McQUEEN. Who else did you confer with, if anybody?

Mr. DEUTSCH. Dr. Edward A. Stricker, of Philadelphia, former president of the American Psychiatric Association.

Mr. McQUEEN. What hospital is he connected with, or what staffs is he on?

Mr. DEUTSCH. I think it is the Pennsylvania Institute of Psychiatry; or Psychiatric Institute.

Mr. McQUEEN. Who else did you confer with?

Mr. DEUTSCH. I conferred with several Veterans' Administration—members of the staffs of Veterans' Administration hospitals.

Mr. McQUEEN. Can you name any of them?

Mr. DEUTSCH. Their information was given to me with the promise on my part I would keep their names in strict confidence, so I would like to be excused.

The CHAIRMAN. What was that answer?

Mr. McQUEEN. I wanted to know with whom he conferred in the Veterans' Administration, if the chairman please. He conferred with people in the Veterans' Administration, and he has asked that their names not be revealed. I think their names ought to be before this committee.

The CHAIRMAN. You will have to answer that question. Answer the question.

Mr. McQUEEN. This is an investigation of the Veterans' Administration and facilities, and we want to know where this information came from.

Mr. DEUTSCH. Mr. Chairman, I consider myself bound by my own personal integrity and professional ethics not to reveal, not to violate a confidence given to a newspaperman.

The CHAIRMAN. You are going to have to answer that question or we will have to cite you for contempt of Congress. As I understand, you have made these charges; you claim to have conferred with people. These charges have had a very disturbing effect throughout the country, and you will have to answer. You are under oath and you will have to answer the questions propounded by counsel and questions by members of the committee. If you do not do so, you are subject to citation for contempt.

Mr. PETERSON. I understand the witness is under oath, to tell the truth and the whole truth.

The CHAIRMAN. And nothing but the truth.

Mr. PETERSON. Being under oath, to tell the whole truth, and being sworn under authority of Congress, that would relieve him of any question of confidence between him and his informer.

Mr. KEARNEY. Mr. Chairman, may I make an observation?

Mr. Deutsch, as far as the committee is concerned, as far as I am personally concerned, it seems to me that if the Veterans' Administration have employees or officials who say that there is something wrong with the administration of the Veterans' Administration, that information should be given to the committee, because it is going materially to assist the committee in this investigation.

Mr. DEUTSCH. I would be very glad to give you the information I received, sir, but I feel myself bound by journalistic ethics not to violate the confidence I gave.

The CHAIRMAN. Your oath is superior to any journalistic ethics. You will have to answer the question of counsel or it will be the duty of this committee to cite you for contempt of Congress and subject you to prosecution, just the same as if you were in a grand jury. You are going to have to answer that question or else we are going to have to cite you for contempt of the House.

Mr. DEUTSCH. I stand on the freedom of the press, Mr. Chairman.

The CHAIRMAN. There is no freedom of the press that permits a man to go out and gather evidence that is destructive or dangerous to the welfare of this Government, and spread it to the country, and then come before the—

Mr. DEUTSCH. I consider this highly constructive and not destructive at all.

The CHAIRMAN. I do not care how you consider it; it is destructive and every member of the committee knows it.

Mr. DEUTSCH. That is your opinion, sir.

The CHAIRMAN. You will answer that question or I am going to cite you for contempt of the Congress.

Mr. DEUTSCH. I repeat, I stand on the freedom of the press.

The CHAIRMAN. You refuse to answer that question?

Mr. DEUTSCH. I refuse to answer that question?

Mrs. ROGERS. Would he give it to us in executive session?

The CHAIRMAN. No; I am not going to call an executive session; you are going to answer that question right now or we are going to cite you for contempt of Congress today.

You refuse to answer that question?

Mr. DEUTSCH. I stand on my personal integrity and professional ethics and I refuse to answer that question.

The CHAIRMAN. You are simply putting yourself in contempt of the Congress.

Mr. McQUEEN. If the Chairman please, I ask that this witness be held under the subpoena until necessary action is taken on your ruling. I would like to go ahead with this questioning for other matters.

The CHAIRMAN. Mr. McQueen, I do not know that it is necessary to continue the questioning of a witness who is in contempt of the Congress and refuses to answer questions you have asked. I think I will just ask the witness to stand aside and stay within the jurisdiction under the subpoena, until the Congress has decided what to do.

Mr. DOMENGEAUX. I do not know how material the information is. The witness has refused to divulge the identity of certain people to whom he has spoken. This witness has made statements affecting the management of hospitals, and I think we should know what those charges are and the basis for them.

Mr. DEUTSCH. I would be very pleased——

Mr. CUNNINGHAM. As I understand, the rules governing the immunity of a witness in court do not apply in a congressional investigation.

The CHAIRMAN. No; they do not.

Mr. CUNNINGHAM. The witness is bound to answer.

The CHAIRMAN. We have all the power conferred by the Constitution. I suggest we go into executive session and determine our procedure.

Mr. PETERSON. I move that we go into executive session.

(The motion was duly seconded.)

(The motion was agreed to, and the committee thereupon went into executive session.)

(Following the executive session, the committee reconvened, Hon. John E. Rankin (chairman), presiding.)

The CHAIRMAN. All right, Mr. McQueen, you may proceed.

Mr. McQUEEN. You wrote a series of some 15 articles which appeared in the PM magazine; is that correct?

Mr. DEUTSCH. I wrote two series. The first, I think, ran 11 articles, and after an intermission of 2 weeks, I did a second series that ran about 26 or 27 articles.

Mr. McQUEEN. The first one was on January 7, 1945; is that correct?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. What were those articles about?

Mr. DEUTSCH. The medical and hospital program for veterans.

Mr. McQUEEN. As administered by the Veterans' Administration?

Mr. DEUTSCH. Yes.

Mr. McQUEEN. Now, you stated in your testimony this morning that you prepared for those articles in the month of December 1944.

Mr. DEUTSCH. I did not say that. I was under the mistaken impression that my first series had began in December.

Mr. McQUEEN. When did you prepare these articles which began January 7, 1945, to which I have referred here?

Mr. DEUTSCH. I had been gathering material for about 3 months previously.

Mr. McQUEEN. From September until January 1945; is that correct?

Mr. DEUTSCH. September or October 1944.

Mr. McQUEEN. Until the first articles appeared?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. In preparing those articles with whom did you confer?

Mr. DEUTSCH. Do you mean the first series?

Mr. McQUEEN. Yes.

Mr. DEUTSCH. I have given you some names, I believe. I could make the point, too, that I had attended several medical meetings at which medical men in the Veterans' Administration were speakers. My material was prepared in part from the addresses of these gentlemen.

Mr. McQUEEN. Is this a photostat of the first of your articles [handing]?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. Where was the information gathered?

Mr. DEUTSCH. I think that I stated—I say in the article itself:

I have just completed a study * * *

Mr. McQUEEN. I want to know where the information was gathered that you put in this article.

Mr. DEUTSCH. I state it here, and I will read the paragraph for you.

Mr. McQUEEN. I do not want you to read the paragraph. I want you to state to this committee where you got the information upon which you prepared this article.

Mr. DEUTSCH. The information was gathered from medical men, from visits to Veterans' Administration facilities; from visits to General Hines and his medical staff, the medical director, Charles M. Griffith, and Colonel Baird and others on General Hines' staff here, and from a number of medical men in and out of the Veterans' Administration.

Mr. McQUEEN. Who were the ones that were in the Veterans' Administration?

Mr. DEUTSCH. Well, I can tell you the names of men—

Mr. McQUEEN. Who are they?

Mr. DEUTSCH. Colonel Cook, manager of the Cambridge Road facilities.

Mr. McQUEEN. Who else?

Mr. DEUTSCH. Colonel Verdel, manager of the Northport facility.

Mr. McQUEEN. Who else?

Mr. DEUTSCH. I cannot recall at this time any others as to whose names I was not pledged to confidence.

Mr. McQUEEN. There were others that you conferred with?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. And those names you refuse at this time, this morning, to give to this committee; is that right?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. That pertain to this article No. 1 [handing]?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. I will put article 1, dated January 7, 1945, in the record.

(The article referred to is as follows:)

COMMITTEE'S EXHIBIT No. 1

[From PM, January 7, 1945]

THE NATION

(By Albert Deutsch)

VETS' SET-UP NEEDS REVAMPING NOW TO AVERT SCANDAL

STUDY SHOWS MANY "DOLLAR HONEST" EXECUTIVES ARE INCOMPETENT

Some 15,000,000 men and women will have been in and out of the military service of the United States of America by the time the war ends. The Nation's future health and welfare is intimately tied up with the after service fate of these veterans. They, together with their families—comprising about one-third the population—and some 4,500,000 vets of World War I, are all actual or potential beneficiaries of that gigantic rapidly growing governmental mechanism known as the Veterans' Administration.

I have just completed a study of the Veterans' Administration (VA) covering a period of some 3 months. My interest has been especially directed to medical activities. I have talked to a score of VA officials, from Administrator Frank T. Hines down, to many rank-and-file VA employees, to doctors in and out of the organization, and to representatives of veterans' groups. I have visited several VA facilities (as the institutions are known), two of them within the past 3 weeks.

The sum total of my impressions and observations is profoundly disturbing. I have found much that is good, and much that is bad. The good is only what our veterans deserve. The things that are bad are sufficiently bad to handicap gravely the readjustment of hundreds of thousands of veterans to useful civilian lives.

ACTION NEEDED SOON

Some of the defects in veterans' affairs are traceable to faulty and inadequate legislation, some to administrative flaws, some to a combination of both. All can be corrected, if action is taken in time. If corrective action doesn't come quickly and vigorously, a scandal of major magnitude may ensue. When and if this scandal should break, I am sure it won't involve financial fraud and corruption, as was the case with the infamous Veterans Bureau Administration back in the Harding days of 1923.

But dollar-honesty is in itself not enough to protect adequately the health and welfare needs of war veterans entitled to Government assistance. There are other factors involved.

Here are some of those other factors in the present administration of veteran affairs, as I found them:

Dollar-honest but incompetent executives.

A colossal bureaucracy—tremendously expanded by the GI bill of rights and other recent veteran legislation—stricken with creeping paralysis in the face of a monumental task.

The tangling of human destinies in an excessive mass of red tape.

A traditionally isolationist attitude within the Veterans' Administration that has hampered cooperation with other agencies, fostered an unhealthy separation

between veterans and nonveterans, and kept veterans' institutions physically, socially, and scientifically removed from community life.

A medieval attitude toward medicine which discourages good doctors from going into Veterans' Administration facilities, accepts new curative drugs and devices belatedly and reluctantly, puts a damper on medical research that keeps a medical staff alert and advanced, and checks mutually helpful cooperation with medical groups and facilities outside the veteran field.

Undue kow-towing to politicians and veteran pressure organizations in making appointments, thus diluting the quality of personnel and resulting in lower standards of care and treatment.

Sloppy methods of pension rating, especially in the case of psychoneurotics, which breeds a disease known to medical men as "compensationitis," "pensionitis," or "pension neurosis."

Extravagant waste of badly needed medical skills by requiring VA doctors to spend much of their time in paper work that should be done by clerical aides, thus freeing physicians for active therapeutic work on veterans.

Excessive stress on the money side of veteran help—pension rating, insurance, etc.—to the detriment of medical and other rehabilitative efforts.

If any agency bore the stamp of what Brandeis called the "curse of bigness," it is the Veterans' Administration. You get the feel of it walking through the bewildering labyrinth of corridors in the huge Veterans' Administration Building in Washington. The corridors are lined with big file cabinets that have spilled over from crowded offices. Everywhere you bump into boys and girls trucking stacks of files from one office to another. Stenographers, hundreds of them, intently type away at forms in duplicate, triplicate, and quadruplicate.

Everywhere you find symbols of the vast amount of paper work involved in running this supercolossal organization with its network of 53,000 employees annually servicing more than 16,000,000 veterans and potential veterans, and its annual budget of \$1,125,000.

VA officials, from General Hines down, are proud of this bigness. They continually remind you that the Veterans' Administration is:

¶ The biggest life insurance company in the world, handling insurance covering 16,650,000 beneficiaries with a face value of \$127,000,000,000.

¶ The world's biggest medical care system, with the possible exception of the Soviet Union. There are now 94 Veterans' Administration facilities, including hospitals and custodial homes, with nearly 100,000 beds. The VA's long-range program envisions 300,000 beds ultimately.

Then they point to the many other "businesses" conducted by the VA, under the GI bill of rights and other congressional legislation—pensions, home loans, educational and vocational rehabilitation programs, etc.

It would take a superman to run all these enterprises successfully. Brigadier General Hines, Veterans' Administrator, is no superman, although few question his general competence as an executive. Many experts in postwar problems were frankly dismayed when President Roosevelt last February appointed Hines as Administrator of Rehabilitation and Reemployment, in addition to his already overwhelming burden as Veterans' Administrator. The President's act put Hines in charge of the entire human demobilization program, including, besides the millions of vets, some 25,000,000 war workers who'll have to be relocated during the reconversion period.

MR. GIBSON. Let me ask a question. Those parties in the Veterans' Administration whose names you have refused to give to this committee, did they furnish you any information that is contained in that article you wrote?

MR. DEUTSCH. I would like a chance to read the article and refresh my memory. The articles were written largely as a unit. I did mention several other names—

MR. GIBSON. In the series of articles that you wrote criticizing the Veterans' Administration, in any of them, was any of the information contained information you got from the people within the Veterans' Administration whose names you refuse to give to this committee?

MR. DEUTSCH. Let me put it this way: I think the great bulk of the articles were based on information from sources that I can give freely, and which I would be very glad to give.

Mr. GIBSON. That is not an answer to my question. Is any of the information—and I say “any”—that is contained in any of those articles information that you got from those people whose names you decline to give?

Mr. DEUTSCH. Any of the articles—yes.

Mr. GIBSON. That is all.

Mr. McQUEEN. Here is an article marked “2d.” Did you write that article [handing]?

Mr. DEUTSCH. Yes; I write it.

Mr. McQUEEN. This article was written after you conferred with the gentlemen connected with the Veterans' Administration whose names you now refuse to give to the committee?

Mr. DEUTSCH. Well, no—I do not remember the content of each of the 38 articles I wrote.

Mr. McQUEEN. Look at it.

Mr. DEUTSCH. I have a set of the articles in my bag.

Mr. McQUEEN. Just read the article.

Mr. DEUTSCH. I cannot read that type. I have a set of the originals in my brief case, and I would be glad to refer to them. I cannot tell what I wrote in each of the 37 articles from memory.

The CHAIRMAN. The question is whether or not you are going to give the committee the names of the people that you conferred with in the Veterans' Administration. Have you got the information?

Mr. DEUTSCH. Most of the people who gave me information, I think within the Veterans' Administration, I can name.

The CHAIRMAN. I understand.

Mr. DEUTSCH. There are several that I refuse to name. I am pledged to journalistic confidence.

The CHAIRMAN. You refuse, then, to give their names?

Mr. DEUTSCH. Those whom I pledged to keep in confidence I will keep in confidence.

Mr. McQUEEN. I would like to introduce this second article dated January 8 in evidence as committee's exhibit No. 2.

(The article referred to is as follows:)

COMMITTEE'S EXHIBIT No. 2

[From PM, January 8, 1945]

HINES: DARLING OF THE ECONOMY-MINDED CONSERVATIVES

VETERANS BUREAU CHIEF TAKES PRIDE IN MONEY HE DOESN'T SPEND

(By Albert Deutsch)

(This is the second of a series of articles on the Veterans' Administration.)

Brig. Gen. Frank T. Hines, a spruce, slight man of 65, bald-domed, bony-faced, with alert eyes and incisive speech, has administered veterans' affairs for 21 years. He presents the paradox of a conservative, anti-New Deal Republican who is at the same time one of the most powerful figures in the Roosevelt administration. Few figures enjoy the degree of influence with Congress that he possesses. He is the darling of the economy-minded conservatives. His budget requests as Veterans' Administrator seldom are questioned. He prides himself on the frequency with which Veterans' Administration (VA) unexpended balances have been turned back to the Treasury at the end of the fiscal year. Some Washington folks say his appointment to the second of his two big jobs as Rehabilitation and Reemployment Administrator is traceable to President Roosevelt's desire to ring himself with men who can throw their weight around in congressional circles.

Hines exudes confidence. He looks and talks like a consummate businessman. He is a successful businessman. Aside from his manifold duties as Veterans' Administrator and rehabilitation czar, he is on the board of directors of five Sperry Gyroscope Corp. subsidiaries, a trustee of the Hamilton National Bank in Washington and of the Acacia Mutual Life Insurance Co. A few years ago he was proposed as a prospective president of the New York Stock Exchange. He is president of the Congressional Country Club—an exclusive group comprising some of the most potent politicians in Washington.

Nobody doubts Hines' extraordinary skill as a politician who has consolidated and expanded his position under Republican and Democratic regimes alike. He constantly consults Congressmen on appointments—and the Veterans' Administration is one of the fattest patronage agencies in the country. It is said that whenever a Congressman phones the VA for information, Hines insists on handling the call personally. He always lends a sympathetic ear to Congressmen's requests for jobs in behalf of constituents.

Through similar methods, he has earned the strong support of top officers of the American Legion and other servicemen's organizations, which invariably throw their influence behind legislation expanding his power. These veteran groups get free office space at the VA's central office, regional offices, and in VA facilities.

Hines started his career in his present post with a bang in 1923, when he was appointed head of the then Veterans' Bureau to succeed the discredited Col. Charles R. Forbes, central figure in a sensational scandal that shook the country at that time.

Colonel Forbes, an adventurer who had joined the marines at 12, was discharged at 14, reenlisted and deserted at 22, caught, reinstated, and raised to the rank of lieutenant colonel in World War I, was made head of the Veterans' Bureau by his friend, President Harding, when that agency was created in 1921.

A Senate committee investigating the Bureau 2 years later found, among other things, that—

Corruption and inefficiency were rampant in the Veterans' Bureau. An estimated total of \$225,000,000 had been siphoned out of the Public Treasury by graft and extravagance.

Location of hospitals—often in remote, inaccessible places—often was decided by political influence. Sites were purchased, institutions built and equipped at grossly excessive cost, with kick-backs fattening the bank accounts of Colonel Forbes and others.

OCEANS OF FLOOR POLISH

Two million dollars a year was wasted in unnecessary office space. Vast stores of supplies had been bought, then sold at 20 cents on the dollar. Enough floor wax (\$70,000,000 worth) to polish a dance floor half the size of South Dakota and last a century had been bought and stored in a warehouse; most of it was later destroyed as a fire hazard. Over 750,000 towels were bought one day at 19 cents and sold the next by Forbes at 4 cents.

Hospitals were shockingly mismanaged by incompetent politicians; veteran patients grossly abused and ill-treated.

Maj. Gen. John F. Ryan, then counsel for the Senate investigating committee, declared that "the great work of aiding the disabled was prostituted to self-aggrandisement and greed."

GOOD CLEAN-UP JOB

After the exposure of this "orgy of corruption and inefficiency, bribery and waste," which led to the conviction and imprisonment of Forbes and some of his gang, Hines was chosen to clean up the mess. He had been an Army career man who had risen from the ranks as private in the Spanish-American War to brigadier general in World War I, with a distinguished record for bravery and ability. After the war, he had gone into the shipbuilding business, from which he was called to head the Veterans' Bureau.

Hines did an excellent job of cleaning the Bureau of financial corruption. He instituted many administrative reforms, although he did not go as far as most contemporary liberals would have liked. In 1930 the Bureau was reorganized as the Veterans' Administration, with Hines remaining on top.

In his efforts to end money dishonesty, however, Hines paved the way for other abuses and defects. He placed excessive stress on paper work. Bureaucratic procedures developed, which tied up the organization in needless red tape. Avoidance of scandal became the main guide of official action. Anything new was

discouraged: "It might get us in trouble." Routineers and mediocrities rose to high office by the simple process of not disturbing the status quo. Good men were frozen out or quit.

Too much weight was given to recommendation of politicians and veterans-group officials in making choice appointments. As mediocrities were promoted to top places by sagely marking time and observing scrupulously the VA regulations and procedures, the agency increasingly was controlled by old men with old ideas.

General Hines rules this vast realm of bureaucracy like a benevolent despot. He and his aides jealously guard it against the intrusion of "outsiders" suspected of trying to muscle into the "veteran racket."

The Veterans' Administration is regarded by its heads as a closed system. Rarely, if ever, is the cooperation of other agencies, public or private, sought or accepted on an equal basis. VA officials insist on a dominant and deciding voice in all cooperative efforts.

And, withal, the VA remains the sacred cow of Washington, immune to official investigation, above questioning—almost a dictatorially-governed domain within the Federal Government.

Mr. McQUEEN. I will now ask you if this [handing] is a third of the articles that you wrote.

Mr. DEUTSCH. Let me make this point, please. The great portion, by far the most substantial portion, of both of my series was based on information outside the doctors within the Veterans' Administration. I have a lot of material with me that I would be glad to take up on any points you wish to raise. I say regarding these several men in the Veterans' Administration to whom I pledged confidence I shall not violate that confidence.

Mr. KEARNEY. Is that due to your fear of reprisal on the part of the high command of the Veterans' Administration?

Mr. DEUTSCH. It goes further than that, sir. It is based on what I consider to be a fundamental of journalistic ethics. If you tell a man you are not going to reveal his name and he gives his information, you cannot reveal his name, to anybody. That is how I feel about the matter.

The CHAIRMAN. Let me say this to the committee. I do not see any need of milling around with Mr. Deutsch about this any further. He tells us that he conferred with these people employed in the Veterans' Administration. He got information from them, based on that information, at least in part, he went out and wrote these articles. Now under oath in contempt of the committee and in contempt of Congress he refuses to give their names. How much more do you want?

Mr. DEUTSCH. May I make this point—a journalist is not a—

The CHAIRMAN. We do not need that.

Mr. McQUEEN. How many men in the Veterans' Administration did you confer with, approximately?

Mr. DEUTSCH. I would say about 20 doctors.

Mr. McQUEEN. How many men other than doctors?

Mr. DEUTSCH. I would say about 50 or 60.

Mr. McQUEEN. How many all told?

Mr. DEUTSCH. I would say, roughly, about 100.

Mr. McQUEEN. How many of those 100 names do you refuse now to give to us?

Mr. DEUTSCH. About five, I imagine.

The CHAIRMAN. Who are they?

(No response.)

Mrs. ROGERS. You made a great study of, let us say, nervous and mental cases—

The CHAIRMAN. Now, wait a minute. The chairman is presiding and the chairman has the power to say whether or not this committee is going to sit with the House in session. Now, I am going to ask that we go into executive session for the time being and discuss this proposition.

Mr. McQUEEN. I would like to introduce this third article in the record as committee's exhibit No. 3.

(The article referred to is as follows:)

COMMITTEE'S EXHIBIT No. 3

[From PM, May 18, 1945]

VETERANS' HOSPITALS CALLED "BACKWATERS OF MEDICINE"

NO ATTEMPT MADE TO KEEP DOCTORS ABREAST OF PROFESSION

(By Albert Deutsch)

(Third in a series.)

"The Veterans' Administration hospitals," a prominent physician told me, "are in the backwaters of American medicine, where doctors stagnate and where patients who deserve the best must often be satisfied with second-rate treatment."

This statement conservatively reflects the current medical opinion of Veterans' Administration (VA) standards. Mounting professional criticism of VA medicine is certain to force either a drastic reorganization or a full-dress scandal in the near future.

You get the full meaning of this medical criticism when you walk through the wards of a VA facility—the term given to veterans' hospitals.

The buildings usually are impressively handsome, the grounds expansive and well-kept. The wards are remarkably clean for these days, when the manpower shortage has played havoc with hygienic controls in other hospitals. The kitchens are spotless and the food generally good. The equipment rivals that in the best private hospitals.

Yet the VA facilities, in general, have the atmosphere of custodial homes rather than medical institutions. You see too many doctors writing out reports and regulation forms at their desks instead of treating patients in the wards. Too many nurses are likewise engaged in paper work. You miss the sense of medical alertness. The scene is dominated by old doctors, many of whom have been with the VA for a score of years and more, and who have risen to the higher ranks by seniority rather than by ability.

The general atmosphere is listless and unprogressive. Conspicuously absent are young interns and residents who, in other hospitals, keep the older men on their toes and are eager to learn and practice good medicine.

The VA, as a matter of policy, doesn't take in interns (that is, graduates with medical degrees who want a year or two of hospital experience in order to become good doctors).

VA officials tell you that the no-intern policy is dictated by the resentment of veterans against being "practiced on" by interns, whom they associate with the treatment of "charity" cases. Veterans groups generally have opposed opening the VA facilities to interns.

The fact of the matter, as any worth-while doctor will tell you, is that young doctors fresh from medical schools where they have learned the latest developments in medicine, often teach their elders indirectly. More important, they inspire older men by their eagerness and optimistic approach.

The backwardness of VA hospitals has been so conspicuous that it's led to a persistent rumor in medical circles that Brig. Gen. Frank T. Hines, Veterans' Administrator, is a Christian Scientist, and hence unsympathetic to medicine. I put the question point-blank to Hines, and he answered:

"Until a few years ago I belonged to no particular church, but used to attend many of various denominations. In 1938 I joined the Protestant Episcopal Church here in Washington. I am now a vestryman of my church."

One of the most serious medical charges leveled against the VA hospitals is their traditional physical and scientific isolation from centers of medical

activity, failure to attract first-rate doctors, and discouragement of medical research that keeps doctors abreast of the times.

Many of the 94 VA facilities are so remote from centers of population and medical activity that they might be aptly called "medical monasteries," in fairness to the present Administration of Veterans' Affairs, it must be noted that some of these places were planned and built in the corrupt regime of Colonel Forbes, when location was decided largely by political pressures and graft possibilities.

But the isolationist attitude of the VA is not confined to physical remoteness alone. Even where VA facilities are located in metropolitan areas, their medical staffs are usually cut off from contact with their professional colleagues. Take the VA facility at Kingsbridge Road, the Bronx, in New York City, for instance.

Here's a large hospital, with over 1,600 patients. Yet it is almost as completely isolated from the local medical and general community as if it were planted in the Sahara Desert. You seldom see its doctors at medical meetings. There are good doctors there; but they rarely get a chance to improve themselves. The hospital has no affiliation with any of the city's great medical schools.

Now, every first-rate hospital in the country is connected with a medical school. John Hopkins, the Mayo Clinic, Bellevue, the New York-Cornell and Presbyterian-Columbia Medical Centers—these are typical. Hospitals are at their best when they tap the medical teaching staffs of universities, when professors make the rounds regularly, picking out flaws, pointing up new and better techniques, participating in actual treatment, improving standards.

Local medical leaders hope for some reforms at the Kingsbridge Road facility with the recent arrival of Col. Robert C. Cook as its new head. Cook is known as a relatively progressive man in medicine. But the general situation remains static.

When I brought this charge of isolationism to General Hines' attention, he answered:

"I'm afraid you've been talking to too many of these medical school people. They've been asking me for years to permit affiliation of VA hospitals with schools. They want to experiment on our patients. While I'm head of this outfit, I'll never let anyone experiment on our veterans."

Hines' fears of "experimentation" is echoed by the major veterans organizations, which stubbornly resist VA connections with medical schools. The fear is entirely unwarranted.

As Dr. Ernest Boas, prominent New York specialist in internal medicine, puts it:

"Hospitals are aided immeasurably by university contacts. The staff is intellectually stimulated. There is an interplay of ideas and techniques. Healthy medical competition is kept alive. Laboratories and other research facilities are made available. If a doctor gets an idea he wants to work out, he uses experimental animals. Universities don't experiment on human patients.

"Hospitals without those connections and research facilities simply don't attract the best medical men."

When I asked General Hines about research in VA facilities, he blandly replied:

"Why, of course, we keep our men interested in research. We have a rule requiring all our doctors to write at least one paper a year on their particular field of interest."

This statement drew a cynical retort from several young doctors in VA hospitals to whom I talked.

"This rule is observed mainly in the breach," one VA doctor told me. And just look at the poor quality of most of the medical reports that come out of VA hospitals. They are usually rehashes and rewritings of the work of others.

"Research is definitely discouraged here. Try and find a single animal house connected with our hospitals, where scientifically-minded men might find material for experimental work. Why, in many VA hospitals, doctors aren't even allowed to use the library, such as it is, and keep informed of current medical literature.

"We have over 2,000 doctors in the VA, taking care of nearly 90,000 patients. Have you ever heard of an outstanding doctor among them?

I had to admit I hadn't.

The CHAIRMAN. We will go into executive session.

(Whereupon the committee adjourned to go into executive session.)

EXECUTIVE SESSION

(The committee thereupon proceeded in executive session.)

The CHAIRMAN. Mr. Stigler of Oklahoma has moved that we cite the witness, Albert Deutsch, for contempt for refusing to answer a question of counsel, and the motion was seconded by the gentleman from Georgia, Mr. Gibson.

The question is on the motion of the gentleman from Oklahoma. The clerk will call the roll.

(The clerk called the roll and announced the vote as 9 ayes and 11 noes, so the motion was defeated.)

Mr. PICKETT. Mr. Chairman, I move that the vote taken a moment ago on the motion to cite the witness, Mr. Deutsch, for contempt, be reconsidered and that the previous motion and vote be stricken from the record; and that the witness be called back for further questioning.

(The motion was duly seconded.)

(The motion was agreed to.)

The CHAIRMAN. The committee is now in executive session.

Mr. ALLEN. I move that the witness, Mr. Deutsch, be cited by this committee for contempt of the committee and the Congress of the United States for refusing to answer material and relevant questions propounded to him by the counsel for this committee and members of the committee while under oath and duly summoned as a witness to testify at this hearing.

Mr. DOMENGEAUX. I second the motion.

Mr. SCRIVNER. I offer a preferential motion that we adjourn until Tuesday morning.

The CHAIRMAN. The question is on the motion of the gentleman from Kansas. I do not think we ought to adjourn. I am going to put the question. All in favor of adjourning until Tuesday will let it be known by saying "Aye"; opposed, "No."

(The motion failed.)

Mr. SCRIVNER. I would like to make a statement.

The CHAIRMAN. The motion to adjourn is not subject to debate. The question now is on the motion of the gentleman from Louisiana, that Mr. Deutsch be cited for contempt.

Mr. SCRIVNER. Are we going to have any opportunity to debate on that? Perhaps I am too meticulous, but this is a situation that will either make or break the entire investigation and possibly the committee. I am not worried about whether it makes or breaks me, but I have to live with myself for the rest of my life.

There is now more foundation in this record than we had before, but I feel this way: I have not read those articles. I am just thinking out loud, trying to work out a logical situation in which the committee should find itself: namely, that as you go down through each one of those articles where there is some derogatory remark regarding the Veterans' Administration we could take the witness and ask, "Where did you get that information?"

The CHAIRMAN. The question before the committee is whether or not this man is subject to contempt for refusing to answer questions.

Mr. SCRIVNER. I would like to finish my statement.

The CHAIRMAN. I am going to put the question. I am going to ask that the clerk call the roll.

Mr. PICKETT. I would like to have Mr. Scrivner's statement finished.

The CHAIRMAN. We have gone through this a good deal now.

Mr. SCRIVNER. Let us take a deep breath.

The CHAIRMAN. We have taken some already.

Mr. SCRIVNER. I would like to finish my statement.

The CHAIRMAN. If the gentlemen wants to vote against it, that is all right.

Mr. SCRIVNER. I would like to finish my statement, and I think as a member of the committee I should be granted that courtesy. I have never read those articles of PM. I venture to say that in some of them, judging by his statement that he has prepared, there will be some of them that will not be derogatory.

The CHAIRMAN. I am not interested in whether or not they are derogatory. I am interested in whether or not the witness is in contempt of the House.

Mr. SCRIVNER. This is what I am trying to get to. Now, we can go down the line, and when you come to one of the statements we can ask, "Where did you get that information?" and he will say, "I refuse to say who gave it to me." Then you not only would have one item of contempt but you might have anywhere from 1 to 100, and we can go right down the line and let him have an opportunity to deny or refuse to say whom he talked to on every one of them. I would like to read the articles.

The CHAIRMAN. Are you through?

Mr. SCRIVNER. Well, I will quit.

The CHAIRMAN. The clerk will call the roll.

(Whereupon the clerk called the roll. The vote was 13 ayes and 5 nays.)

The CHAIRMAN. It is so ordered.

Have counsel prepare the citation.

Mr. KEARNEY. I move that we adjourn until Tuesday.

Mr. ALLEN. I second the motion.

The CHAIRMAN. We will stand adjourned until Tuesday morning.

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

TUESDAY, MAY 22, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. Is Mr. Maisel in the room?

Mr. MAISEL. Yes.

Mrs. ROGERS. I move first that we go into executive session before we hear this witness.

Mr. RAYFIEL. I second the motion.

The CHAIRMAN. We would like to get along as fast as possible. This witness is down here from New York. I am going to put the motion. If there is any decision, let us have it.

Mr. KEARNEY. I offer a substitute motion that we go into executive session after the witness has testified and before we conclude this morning's testimony.

Mr. STIGLER. I second the motion.

Mrs. ROGERS. That is all right. I just want to be sure we will have time.

The CHAIRMAN. We will go into executive session at the proper time. If there are no objections, we will let that stand. Without objection, it is so ordered.

Mr. Maisel, you have not been sworn, have you?

Mr. MAISEL. No; I have not.

(Whereupon the witness was sworn.)

Mrs. ROGERS. I would like to ask a parliamentary question. Do you mean before the witness finishes this morning? I will not accept that amendment if it is after he finishes his testimony.

The CHAIRMAN. You said after he finishes his testimony.

Mrs. ROGERS. Do you mean this morning or the entire testimony?

Mr. KEARNEY. This morning's testimony. I thought it was understood that way. My thought was to get on with his testimony and go into executive session on our own time.

Mrs. ROGERS. That is my own thought, but I thought it would come this morning; otherwise, I would not have agreed to your motion.

The CHAIRMAN. Let me state to the members of the committee that

my intention is to run on through, so to speak, until this witness completes his testimony, if it takes all day.

Mrs. ROGERS. I will change my vote and move to reconsider.

The CHAIRMAN. It has already been agreed to.

Mr. KEARNEY. That is what I had in mind, that we go into executive session this morning after the testimony of the witness.

Mrs. ROGERS. But did you say it? I would like to have that understood; otherwise, I will make another motion.

The CHAIRMAN. I understood him to say after we had finished with the witness now on the stand. Of course, we are going to get through as rapidly as possible. The witness is down here to testify and has a right to proceed. I understood the gentleman's motion to be that we go into executive session when we had completed the testimony.

Mr. KEARNEY. I understood at first that we were only going to be in session this morning. The statement of the chairman that we were going to continue all day is something that I knew nothing about. For that reason, rather than take up the time of the witness now and let him get on with the story, that is why I made the suggestion that we go into executive session after the completion of the testimony, which I thought would end this morning.

The CHAIRMAN. We are going to get through with him if we can.

TESTIMONY OF ALBERT Q. MAISEL, WRITER

Mr. McQUEEN. Mr. Maisel, state your full name for the record.

Mr. MAISEL. Albert Q. Maisel.

Mr. McQUEEN. Where do you live, Mr. Maisel?

Mr. MAISEL. In the town of Briar Cliff Manor, Westchester County, N. Y.

Mr. McQUEEN. When were you born?

Mr. MAISEL. September 4, 1909.

Mr. McQUEEN. Where did you secure your grade-school or elementary education?

Mr. MAISEL. In New York City schools. Do you want the individual schools?

Mr. McQUEEN. Yes; you may state them.

Mr. MAISEL. P. S. 80, Brooklyn, the Ethical Culture School, Manhattan, and the Erasmus High School, Brooklyn.

Mr. McQUEEN. What year did you graduate from high school?

Mr. MAISEL. 1926.

Mr. McQUEEN. Have you any degrees from any schools or colleges?

Mr. MAISEL. I graduated from the College of the City of New York.

Mr. McQUEEN. In what year?

Mr. MAISEL. 1930.

Mr. McQUEEN. With a degree?

Mr. MAISEL. I did not get a degree. I completed the 4-year course.

Mr. McQUEEN. How long have you been a writer?

Mr. MAISEL. I started writing when I was in college. I worked for the New York Times as a college correspondent and later on their Brooklyn section.

Mr. McQUEEN. What year was that?

Mr. MAISEL. That was in 1929-30.

Mr. McQUEEN. How old are you today?

Mr. MAISEL. Thirty-six.

Mr. McQUEEN. Have you ever been in the military service?

Mr. MAISEL. I served as a war correspondent in the Pacific and in the European theaters.

Mr. McQUEEN. On what paper?

Mr. MAISEL. I represented Buel, Sloan & Pierce in the Pacific, doing a book on naval medicine. I represented Cosmopolitan Magazine in the European theater.

Mr. McQUEEN. When were you in the European theater?

Mr. MAISEL. I was in the European theater from early April, 1944, crossing the Channel on D-day, and returned to the United States at the request of the Navy on the last day of June 1944.

Mr. McQUEEN. What dates and places were you in the Pacific?

Mr. MAISEL. I was in the Pacific—I left Boston on a naval vessel in February 1943. I went to New Zealand, New Caledonia, the New Hebrides, Guadalcanal, Tulagi, and the Russell Islands, and returned at the end of June 1943.

Mr. McQUEEN. What is your selective-service rating?

Mr. MAISEL. I am classified 2-A.

Mr. McQUEEN. Have you ever had any military service of any kind?

Mr. MAISEL. No; I have not.

Mr. McQUEEN. Are you a married man?

Mr. MAISEL. I am married. I have two children.

Mr. McQUEEN. How old are they?

Mr. MAISEL. One is 10 months old and one is 3½ years old.

Mr. McQUEEN. Now, Mr. Maisei, you wrote an article that appeared in the March Cosmopolitan magazine entitled "Third-rate Medicine for First-rate Men." You are the author of that?

Mr. MAISEL. I am, sir.

Mr. McQUEEN. I wish the record now to refer, so I may keep this straight, to the exhibits in the record of May 17 of the Cosmopolitan magazine, the March issue.

How long were you engaged in the preparation of material which went into this particular article now referred to?

Mr. MAISEL. I started to work on this during the month of August 1944.

Mr. McQUEEN. Had you decided then the nature of the article you intended to write?

Mr. MAISEL. No. As a matter of fact, I went to England in part in order to conduct the British part of a survey of rehabilitation procedures. I had become interested in rehabilitation of the war-wounded through the work that Colonel Rusk of the Army Air Force was doing. I have here a contract with Harcourt, Brace & Co., dated March 22. I approached the Veterans' Administration along with the Army Air Force, the Navy, and the Army Service Forces for permission to visit their various hospitals concerned with this work in order to gather material for this book and for articles. I have here my letter of July 25 to Mr. Edward Lewis—

Mr. McQUEEN. Wait a minute. Let us take these things up one at a time, and we can get along faster, I think.

You had a contract for this article in March 1944?

Mr. MAISEL. For this book.

Mr. McQUEEN. For a book. Did you complete that book?

Mr. MAISEL. I am still working on the book.

Mr. McQUEEN. When did you start your employment, or when did you enter into a contract with the Cosmopolitan magazine, or whatever their corporate name is?

Mr. MAISEL. I do not enter into a contract with them. I do not enter into a contract with a magazine, but we did discuss these articles. I visited a number of officials of the Veterans' Administration in Washington and secured letters—

Mr. McQUEEN. What date was that, approximately?

Mr. MAISEL. I can give you the approximate date. On August 14, at the invitation of Mr. Lewis, I was introduced to Colonel Wolford, Colonel Baird, Dr. Griffiths, and Colonel Rose and Colonel Miller, at the Veterans' Administration.

Mr. McQUEEN. Who is Mr. Lewis?

Mr. MAISEL. Mr. Lewis is the chief of press relations of the Veterans' Administration.

Mr. McQUEEN. Where did you contact him—here in Washington?

Mr. MAISEL. I had written him on July 25 stating my purpose, and giving him various references, and he later replied to me, and I came down to Washington. He provided me with these introductions.

Mr. McQUEEN. And you talked to these men that you have named—Dr. Wolford, Baird, and so forth, at the Veterans' Administration?

Mr. MAISEL. At the Veterans' Administration.

Mr. McQUEEN. In the summer of 1944?

Mr. MAISEL. That is right.

Mr. McQUEEN. Now, how long would you say that you talked to Dr. Wolford?

Mr. MAISEL. Well, my notes run to something over 11 pages in the notebook. These are shorthand notes [indicating], my own shorthand, and I would say for at least one hour and a half in direct interview with Dr. Wolford.

Dr. Griffith called Dr. Wolford in when I was interviewing Dr. Griffiths, and Dr. Wolford spent short periods with me when he took me around to meet the other men.

Mr. McQUEEN. You knew at that time that Dr. Wolford was the assistant in charge of the TB hospitals?

Mr. MAISEL. That is correct.

Mr. McQUEEN. You say that you spent from an hour to an hour and a half with Dr. Wolford?

Mr. MAISEL. I would say about an hour and a half in direct conversation.

Mr. McQUEEN. And the TB situation, as reviewed by you, is in the March issue of Cosmopolitan magazine?

Mr. MAISEL. That is right.

Mr. McQUEEN. Now, after you had conferred, did you talk to anyone else in the Veterans' Administration in 1944?

Mr. MAISEL. In my conversations with Dr. Wolford and Colonel Baird and Colonel Rose, I asked them to suggest hospitals which they would have me visit, and the hospitals I did visit were from the list that they suggested. I did that deliberately so that I would not, by mistake or otherwise, visit any hospital where special situations existed.

Mr. McQUEEN. What hospitals were those, if you recall?

Mr. MAISEL. In Dr. Wolford's field, he recommended specifically Rutland Hospital, Sun Mount, and Castle Point. Rutland Hospital is in Massachusetts; Sun Mount is in New York—that is at Tupper Lake, and Castle Point in in New York. Those were 3 of 13 TB hospitals. I asked Dr. Wolford whether he would regard comparison with State institutions as fair, and he answered he did not regard comparison institutions unfair except in respect to the compensation factor.

Mr. McQUEEN. Now, you did visit Castle Point Hospital?

Mr. MAISEL. I did visit Castle Point. I did visit Sun Mount.

Mr. McQUEEN. Approximately when did you visit Castle Point?

Mr. MAISEL. I visited Castle Point on October 15, 1945.

The CHAIRMAN. Did I understand you to say that you visited Rutland?

Mr. MAISEL. I did not visit Rutland.

The CHAIRMAN. The only two visited were Sun Mount and Castle Point?

Mr. MAISEL. I also visited other TB institutions.

The CHAIRMAN. You did?

Mr. MAISEL. He referred to the TB hospitals, and he also referred to those hospitals, general hospitals, which have TB wards. What I did was, I gathered a compiled list from recommendations of the three heads of the three divisions. For instance, I visited the TB section of the Minneapolis Hospital because in Minneapolis I visited the Glenn Lake County Hospital, and I wanted to make comparisons.

The CHAIRMAN. Would you just tell us at this point whether or not you visited Rutland?

Mr. MAISEL. I did not visit Rutland.

The CHAIRMAN. You say that you visited Sun Mount and Castle Point. What other hospitals did you visit? Give them in rotation.

Mr. MAISEL. Do you want the TB hospitals, or all?

The CHAIRMAN. TB.

Mr. MAISEL. I visited Sun Mount and Castle Point which are specific TB hospitals.

The CHAIRMAN. Yes.

Mr. MAISEL. And I visited the TB section of the Minneapolis facility of the Hines facilities in Chicago, and I also visited the Northport Hospital, which is a mental hospital on Long Island.

Mr. McQUEEN. And those are the only TB hospitals and general hospitals that you visited?

Mr. MAISEL. These five hospitals of the Veterans' Administration; yes.

Mr. McQUEEN. That is all that you visited?

Mr. MAISEL. That is true.

The CHAIRMAN. Those are all the veterans' hospitals?

Mr. MAISEL. I visited other veterans' hospitals, but we are talking about TB hospitals, I take it, Mr. Chairman.

Mr. McQUEEN. What was the first TB hospital that you visited?

Mr. MAISEL. The first TB—Castle Point.

Mr. McQUEEN. That was on what date?

Mr. MAISEL. On or about October 5, 1944.

Mr. McQUEEN. What was the next one that you visited, and the date?

Mr. MAISEL. Sun Mount, N. Y. I cannot give you the date, offhand.

Mr. McQUEEN. Prior or subsequent to that visit at Castle Point?

Mr. MAISEL. It was subsequent to that visit. It was in the middle of the winter.

Mr. McQUEEN. What was the next one that you visited?

Mr. MAISEL. I visited Minneapolis.

Mr. McQUEEN. Next?

Mr. MAISEL. No.

Mr. McQUEEN. What was the next one that you visited after Sun Mount?

Mr. MAISEL. You see, you asked me about the two TB hospitals.

Mr. McQUEEN. Yes.

Mr. MAISEL. I gave you those in order. I was visiting other hospitals in between times.

Mr. McQUEEN. I just want the TB hospitals. That is what this article refers to; is it not?

Mr. MAISEL. That is right. I visited two general hospitals and one mental hospital with a TB section.

Mr. McQUEEN. What was the next one after Sun Mount that you visited with respect to your TB investigation?

Mr. MAISEL. Before I went to Castle Point I visited the TB section of the Minneapolis facilities in September. It was a general hospital.

The CHAIRMAN. What time?

Mr. MAISEL. Some time in September.

Mr. McQUEEN. Give me whom you visited next with regard to your TB article in the March issue of the Cosmopolitan magazine.

Mr. MAISEL. Some time in October I visited the Northport facilities.

The CHAIRMAN. What kind of facility is that?

Mr. MAISEL. A mental hospital with a TB section.

The CHAIRMAN. Where?

Mr. MAISEL. On Long Island.

The CHAIRMAN. You were there in October?

Mr. MAISEL. I believe that it was in October.

Mr. McQUEEN. Was that prior or subsequent to the visit at Castle Point?

Mr. MAISEL. My impression is it was subsequent. I am recalling these dates from memory.

Mr. McQUEEN. What was the next one you visited?

Mr. MAISEL. I visited perhaps 75 hospitals within the last year, and I hope you will excuse me if these dates are not too accurate.

Mr. McQUEEN. I am just referring now to the TB hospitals. Now, after Northport, what else?

Mr. MAISEL. I visited the Hines Hospital on the highway from Minneapolis a day or two later. That is Hines in Chicago.

Mr. McQUEEN. You would say that was in September?

Mr. MAISEL. Yes.

Mr. McQUEEN. Those were all the institutions of the Veterans' Administration that you have visited in compiling the data which went into the March issue of the Cosmopolitan magazine; that is, of the Veterans' Administration?

Mr. MAISEL. In compiling the data that went into the article on TB I visited those five institutions of the Veterans' Administration.

Mr. McQUEEN. You talked to these five or six gentlemen at the central office of the Veterans' Administration?

Mr. MAISEL. That is right.

Mr. McQUEEN. Now, when you paid your first visit to the Minneapolis facility, did you go out there with the express purpose of gathering data for this article which you had in mind to write? That was the first institution that you visited?

Mr. MAISEL. Yes. I went to Minneapolis.

Mr. RAMEY. Are you going to testify about Minneapolis now? I did not visit the Minneapolis hospital, but I had a long conference with a doctor that has been transferred from Minneapolis to Brettsville, and Congressman Gallagher did give me some valuable information about that. I thought perhaps he would like to hear the testimony about Minneapolis. He is the Congressman from that district. I do not want to compel him, but I would like to have him invited if he wants to hear the testimony.

The CHAIRMAN. All the Members of Congress are invited to this hearing. What we are after is to get the information, the facts, concerning these articles.

Mr. RAMEY. If he is not invited, he can have a copy? He has been very valuable in getting information.

The CHAIRMAN. I will ask the clerk to call Mr. Gallagher, tell him that we are discussing his hospital, and if he wants to come over we will be glad to have him.

Mr. ALLEN. Mr. Witness, in writing your article which has just been referred to, did you base that article solely on information which you received from medical experts and others, or was it based partly on your experience in medical investigations?

Mr. MAISEL. I consulted with outside medical experts in TB with the veteran people whom I saw, and naturally I base any article I write on my experience in medical investigations. I do not know if I completely understand your question.

Mr. ALLEN. What I am trying to get at is this: What experience have you had in medicine, and medical investigations?

The CHAIRMAN. I think counsel has gone over that. Suppose that we let counsel finish. If we get started cross-firing——

Mr. ALLEN. I thought this would be a good time to lay the foundation.

Mr. MAISEL. I would like to answer this one question. It is something that I would like very much to get into the record. I have been writing about medicine; I have been writing about science for many years. I have been writing about medicine specifically since early in 1942. I am the author of a book entitled "Miracles of Military Medicine," published in 1942. I am the author of a book entitled "The Wounded Get Back," with an introduction by Admiral McIntire, an account of my travels through naval hospitals through the South Pacific, published in 1944. I have been writing medical articles for the Reader's Digest, Cosmopolitan, and a half dozen magazines of national circulation, and I visited at least 300 Army, Navy, and public and private hospitals.

Mr. ALLEN. Have you studied medicine?

Mr. MAISEL. I have not studied medicine, although Mrs. Maisel says that I will probably be arrested for practicing without a license one of these days.

Mr. ALLEN. You evidently have done a lot of reading and studying on the subject.

Mr. MAISEL. I think that my writing will show that I am a competent lay expert.

The CHAIRMAN. Suppose that we leave this to counsel.

Mr. ALLEN. I wanted to get that in the record.

The CHAIRMAN. All the other members of the committee have the same right to ask questions as you have.

I want to find out what he found wrong in these hospitals. That is what we are investigating. We are trying to find out what is wrong in these hospitals, if anything, in order that we may correct it.

Mr. MAISEL. If that is what the committee wants to do, no one will be happier than I, sir.

Mr. McQUEEN. I think that I asked when you went to Minneapolis in September, that was the first hospital that you visited.

Whom did you confer with at the Minneapolis facility?

Mr. MAISEL. I conferred with the assistant manager. The manager was absent at the time. He was the man to whom I had a letter of introduction. His name, I believe, was Mr. Firmin, Mr. D. C. Firmin, assistant manager, Minneapolis Veterans' Facility. I had a letter of introduction from A. D. Hiller of the central office of the Veterans' Administration to all of these hospitals. Mr. Firmin in turn passed me on to Dr. Alexander Josewich.

Mr. McQUEEN. What is his official position?

Mr. MAISEL. He is chief of the TB service there.

Mr. McQUEEN. Who else did you confer with there?

Mr. MAISEL. He had Maj. H. A. Burns, who had been newly assigned to his TB service. He sat in on the conversations. Then there was another gentleman whose name I do not remember, the third doctor on the service.

Mr. McQUEEN. You talked to the three physicians at the Minneapolis hospital?

Mr. MAISEL. Three physicians of the TB section, who are all the physicians there are there.

Mr. McQUEEN. And you talked to the assistant manager? Now, how long were you in the Minneapolis facility?

Mr. MAISEL. The best part of the day.

Mr. RAMEY. May I inquire whether the third doctor was Dr. O'Neill?

Mr. MAISEL. I do not recall the name. There were only three in service. There had been only two in service until a week before.

Mr. RAMEY. Thank you.

Mr. McQUEEN. Did you go through any other part of the Minneapolis facility, or hospital?

Mr. MAISEL. I was conducted on a quick, general tour of the hospital both by Mr. Firmin, in taking me to Dr. Josewich, and by Dr. Josewich in taking me back to Dr. Firmin, and they pointed out to me the various buildings and sections. I did not visit any of the patients in any other parts of the hospital.

Mr. McQUEEN. You were not interested in that phase of the hospital at that time at least?

Mr. MAISEL. That is right.

The CHAIRMAN. You keep saying "Mr. Firmine." He is not a doctor?

Mr. MAISEL. Many of the managers of these facilities are not physicians. That, in fact, I understand is why they are called facilities rather than hospitals—because they have combined regional offices with hospitals and by combining them made it possible to put a laymen in charge of medical work.

Mr. McQUEEN. That is just your opinion?

Mr. MAISEL. Well, it is what I have been told.

Mr. McQUEEN. Where did you get that information?

Mr. MAISEL. Both from doctors inside and outside the Veterans' Administration. I cannot cite any particular one. It is common knowledge.

Mr. McQUEEN. Did you talk to the manager of this facility at any time before you left there?

Mr. MAISEL. The manager was away from the facility that day.

Mr. McQUEEN. Is he a doctor or is he a layman?

Mr. MAISEL. He is a layman, to the best of my recollection.

Mr. McQUEEN. Do you recall what his name was, or who was the manager at that time?

Mr. MAISEL. No. That could be easily established. He is on the list.

Mr. McQUEEN. You have no independent recollection of that?

Mr. MAISEL. No.

Mr. McQUEEN. Now, in going through this hospital, did you talk to any patients?

Mr. MAISEL. I was taken through some of the wards and we had quick conversations with some of the patients. I find that there is very little you can find out from a patient in the presence of his own physician. Naturally, he tends to say "Yes," particularly if the physician has a uniform on and the patient is just out of the Army. My purpose there was not, at that time, to interview the patients, but to make a comparison of the records of that hospital with the Glenn Lake Hospital, which I had been visiting on the two previous days.

Mr. McQUEEN. Then, you spent most of your time at this hospital in the office in consultation with these three doctors and the assistant manager?

Mr. MAISEL. That is correct. I went to the Minneapolis Hospital in order to get the statistics of the same city where conditions would be equal in comparing a county hospital with a veterans' hospital. I carefully avoided comparing private hospitals, and I took public institutions.

Mr. McQUEEN. Mr. Maisel, you had a letter from the head of the Medical Section of the Veterans' Administration so that you could go through and visit any of these places, or any of these facilities that you desired.

Mr. MAISEL. I had eight individual letters from A. D. Hiller to the specific hospitals that had been named to me by the three heads of the divisions of the Veterans' Administration.

Mr. McQUEEN. Those were the hospitals that you requested?

Mr. MAISEL. That was a hospital that I requested at their suggestion.

Mr. McQUEEN. Did you eat a meal at Minneapolis in the hospital or facility?

Mr. MAISEL. I do not recall doing so, and I do not think that I made any comments on the food at Minneapolis in my article.

Mr. McQUEEN. What time did you get to the Minneapolis facility?

Mr. MAISEL. I took a taxi from the hotel and get there about 9:30 in the morning.

Mr. McQUEEN. What time did you leave there?

Mr. MAISEL. I know that I had a 6 o'clock date back at the hotel which I made. I think that I had time enough to wash up. The hospital was beginning to close when I left.

Mr. McQUEEN. Did you eat lunch out there?

Mr. MAISEL. Frankly, I do not recall. I think that I left the building between the time I first—I waited around a long time before I saw Mr. Firmin. Frankly, I do not recall.

Mr. McQUEEN. How long were you up in the TB ward?

Mr. MAISEL. I was in the TB ward all the time that I was talking to Dr. Josewich and his assistant. We were in the TB section of the hospital.

Mr. McQUEEN. That is a combined facility. There is an office there, is there not, of the Veterans' Administration—a branch office, we will call it?

Mr. MAISEL. Dr. Josewich's office is in the TB section of the hospital.

Mr. McQUEEN. I understand that.

Mr. MAISEL. I was in Mr. Firmin's office, which is in the central business office of the hospital.

Mr. McQUEEN. There is much more there than the TB part of the hospital; is that not true?

Mr. MAISEL. Certainly.

Mr. McQUEEN. And the greater part of the hospital and the buildings connected with the hospital are used for other things than a TB ward; is that not true?

Mr. MAISEL. I want to make it clear that in my article I in no way connected any other part of that hospital to what I had written.

Mr. McQUEEN. You were not in the other part of the hospital, you say?

Mr. MAISEL. That is right.

Mr. McQUEEN. You do not know anything about the other part of the hospital?

Mr. MAISEL. Therefore, I made no comments on it.

Mr. McQUEEN. That is right. How many patients were in the Minneapolis TB section of this hospital the day you were there, September 1944?

Mr. MAISEL. I think I quoted the figure given me by Dr. Josewich, in my article. May I take time to find it? There were 179 patients, according to Dr. Josewich.

Mr. McQUEEN. How many ward rooms do they have for the care of that many patients there?

Mr. MAISEL. I could not say. They have large wards, and they have small rooms for two beds and small rooms for four beds.

Mr. McQUEEN. Did you see any rooms for any beds less than four?

Mr. MAISEL. I do not recall.

Mr. McQUEEN. Did you talk to anybody, any patients in the wards, the four-bed wards?

Mr. MAISEL. Dr. Josewich took me into several rooms. We talked to several of the patients, but as I have said before, I was not at that time trying to interview patients. When I got to Castle Point I asked to be taken to patients and allowed to interview them without doctors being present.

The CHAIRMAN. Did he not say, Mr. McQueen, that there were some of those rooms that had two beds in them?

Mr. MAISEL. My impression is that they have two-bed rooms, four-bed rooms, and larger wards. You are asking Mr. McQueen about something that I was not looking for at that time and carefully observing.

Mr. McQUEEN. That is what we want to find out.

Mr. MAISEL. That is something about which I made no comment—I am speaking with reference to the facility.

Mr. McQUEEN. I take it that you made a very exhaustive study of this whole thing before you started writing, and I want to know what basis you have for arriving at your conclusions.

Mr. MAISEL. If we are getting to the question of overcrowding, I mentioned overcrowding that I observed specifically in other hospitals. There are the general statistics as to the number of emergency beds which are available, and we can find out very easily how many emergency beds there are in Minneapolis, but I was not trying to observe the emergency-bed situation in Minneapolis. I cannot answer you.

Mr. McQUEEN. Since you have brought up the overcrowding, was the TB part of the Minneapolis facility overcrowded on the date that you were there?

Mr. MAISEL. My impression is that 179 patients is less than the total capacity of the Minneapolis TB wing. However, that hospital was very much overloaded with respect to the number of doctors.

Mr. McQUEEN. Just a moment. We will get to that in a minute. The hospital, so far as the patients are concerned, did have available beds at the time you were in the TB section?

Mr. MAISEL. I cannot testify as to that because I did not investigate that at the Minneapolis Hospital.

Mr. McQUEEN. But you made the broad statement in your article that all of these hospitals, and particularly the TB hospitals, are without a doubt overcrowded and understaffed. Did you not make that statement?

Mr. MAISEL. The Minneapolis hospital is not a TB hospital.

Mr. McQUEEN. I understand that.

Mr. MAISEL. There are 13 TB hospitals.

Mr. McQUEEN. I am referring to the TB ward of the Minneapolis hospital. As I understand it, you did not pay any attention to anything else in there?

Mr. MAISEL. No.

Mr. McQUEEN. Now, it was not overcrowded at the time you were there; is that right?

Mr. MAISEL. Mr. McQueen, you are asking me to testify that something was or was not, and the only testimony I can give you is that I did not investigate that point that day.

Mr. McQUEEN. Did you investigate it after that time?

Mr. MAISEL. Not in respect to the Minneapolis facility.

Mr. McQUEEN. I see. All right.

Mr. MAISEL. I did investigate the figures as to the total number of patients in the TB hospitals, which are segregated hospitals, as against the total number of beds.

Mr. McQUEEN. We will get to that in a minute. We have plenty of time here. I am talking about Minneapolis.

Mr. MAISEL. I do not want any misconceptions entering in here as the limitations of my purpose in Minneapolis.

Mr. McQUEEN. I want Mrs. Rogers to understand what happened at Minneapolis. If we can stay on the target of Minneapolis it will help. Did you talk to any nurses up at the Minneapolis facility?

Mr. MAISEL. No; I did not see any nurses around. They must have been there.

Mr. McQUEEN. You did not see any nurses in all the time that you were there in the Minneapolis hospital; is that right?

Mr. MAISEL. At the time that I was in the TB wing I neither saw nor talked to nurses. I presume they were there. I saw a number of male attendants.

Mr. McQUEEN. Do you know whether or not they were registered nurses or just attendants?

Mr. MAISEL. In general, the presumption in the veteran hospitals is that the females, except in the mental hospitals, are the registered nurses and the males are the attendants. I investigated that not at all.

Mr. McQUEEN. Mr. Maisel, let us not put our assumptions in the record, let us put in the record what you found out, good, bad, or otherwise. We want to know what you found. You did not see a nurse in the TB section of the Minneapolis hospital?

Mr. MAISEL. That is right.

Mr. McQUEEN. The day that you were there from 9:30 in the morning until 6 in the evening; is that right?

Mr. MAISEL. That is right, but I would like to add that I do not mean to imply that there were no nurses there.

Mr. McQUEEN. O. K. Did you talk to any attendants there?

Mr. MAISEL. Perhaps in passing, but there were no special conversations with them. I was with Dr. Josewich all the time that I was in that section.

Mr. McQUEEN. Did you visit the diet kitchen?

Mr. MAISEL. No.

Mr. McQUEEN. Did you visit the main kitchen?

Mr. MAISEL. No.

Mr. McQUEEN. Did you observe how the food was transported from the main kitchen, or the diet kitchen, to the patient?

Mr. MAISEL. No.

Mr. McQUEEN. Did you particularly interest yourself in any chart of any individual patient?

Mr. MAISEL. I looked at the charts that were on the beds in the rooms. Those charts do not mean very much if you look at them quickly. They are just temperature records and such things.

Mr. McQUEEN. Did you look at any of those?

Mr. MAISEL. I looked at them. Incidentally, on the question of looking at charts, I was at no time given access to patients' records.

I asked Dr. Griffith, when I interviewed him in Washington, whether I could have access to those. I asked Mr. Lewis that, and on several occasions I asked for that information in the individual hospitals, and in all cases I was told those were private and confidential records and could not be made available to me.

Mr. McQUEEN. Generally speaking, you find that true in your investigations of other hospitals, do you not?

Mr. MAISEL. I have no objection to that. I bring that in simply because some of the interviews I have had with patients have been challenged, and I want to point out that of necessity I could not get to the records of these patients.

The CHAIRMAN. I would like to ask him—and I suppose it would be in order to ask counsel to ask him—some questions. There are two questions that I think he has passed over. He went through, as I understood him, the TB ward. I want you to ask him the question whether or not, from what he saw there, if those wards were crowded.

Mr. McQUEEN. You said that you had not recollection. Answer the chairman, please.

Mr. MAISEL. At the time I went through that hospital I was not fully aware of the degree of crowding that had occurred in the veterans' hospital. This was the first hospital I visited.

The CHAIRMAN. You heard no complaints?

Mr. MAISEL. I heard no particular complaint of it. I will say this, that my impression, Mr. Chairman, is that Minneapolis was less crowded than some of the eastern hospitals.

The CHAIRMAN. There is another question that I would like for you to ask. He said that he saw no nurses. He was there on an inspection tour. I want to ask him if he asked about the nurses, and if so, what information he got.

Mr. MAISEL. I did not ask about it at that time.

The CHAIRMAN. You did not ask whether they had sufficient nurses or not?

Mr. MAISEL. Not at that time.

Mr. McQUEEN. Did you at any other time?

Mr. MAISEL. When I interviewed Mr. Firmin he gave me figures as to the allotments or the number of personnel they are supposed to have according to the tables of organization, and their actual personnel on hand, and my recollection is that they were short a small percentage in doctors and a very heavy percentage in nurses. There is a pronounced nurse shortage at the Minneapolis hospital.

Mr. McQUEEN. Mr. Chairman, I beg your pardon, but the bell has rung, and I presume now that I should let you question the witness as you see fit.

The CHAIRMAN. Go ahead and get through. The bell does not mean anything at this time. If the bell gets alarming, I will sound off.

Mr. MAISEL. May I have an opportunity to introduce one document referring to the Minneapolis Hospital? In my references to the Minneapolis Hospital, I referred to the number of deaths and the number of patients who went a. w. o. l. and against medical advice.

Mr. McQUEEN. We will get around to that.

Mr. MAISEL. Those figures were based on this sheet of August 2, which was given me by Dr. Josewich.

Mr. AUCHINCLOSS. I understood you to say that there were three doctors assigned to the TB ward.

Mr. MAISEL. There were three doctors assigned to that ward—Dr. Burns having been assigned only within the last week, that is, a week prior to my visit.

Mr. AUCHINCLOSS. There would have been two doctors up to that assignment.

Mr. MAISEL. It was on the basis of that that I made the statement referring to the number of doctors and the ratio to the number of patients in my article.

Mr. KEARNEY. Two doctors taking care of some one-hundred-odd patients.

Mr. MAISEL. 150 patients.

Mr. AUCHINCLOSS. How does that compare with your other observation?

Mr. MAISEL. Well, at the Glen Lake Hospital, which, mind you, is a public hospital with its doctors just as much subject to the Army draft and without any Army men detailed to it, they had 451 patients and 11 physicians, a ratio of 1 to 41. At the Minneapolis Veterans' Facility, for the 6 months previous to the week that I arrived, they had Dr. Josewich and a single assistant handling an average of 150 patients, an average of 75 patients per physician.

Mr. CUNNINGHAM. I would like to know if, in your investigation of the hospital in Minneapolis, you found conditions such as would warrant this committee in sending out a special investigator; and if your answer is "Yes," give us the facts upon which you base your answer.

Mr. MAISEL. The principal factors—

Mr. CUNNINGHAM. First, will you answer the question yes or no, whether or not you did find it?

Mr. MAISEL. I cannot judge for the committee, sir. I certainly think that this investigation, as a whole, is justified. As to whether you should send an investigator to Minneapolis, that is up to you gentlemen.

Mr. CUNNINGHAM. I am asking you whether or not the conditions that you found there were such that you would recommend to the committee that we send out a special investigator, and if your answer is yes, tell us your specific reasons for your recommendation.

Mr. MAISEL. I do not think that a special investigator at the present time will disclose the conditions that I found.

Mr. CUNNINGHAM. You say they will?

Mr. MAISEL. I do not think so. It is 6 months later, and I know that many changes have occurred in the Veterans' Administration since then. There have been a lot of transfers, and so forth.

Mr. CUNNINGHAM. Specifically, what did you find wrong at Minneapolis?

Mr. MAISEL. I think the document that Mr. Rankin has in his hand shows what is wrong. It is a record of the a. w. o. l.'s and of deaths at the hospital.

Mr. CUNNINGHAM. Did you investigate the reasons for the a. w. o. l.'s and the deaths?

Mr. MAISEL. To my mind—

Mr. CUNNINGHAM. State your reasons.

Mr. MAISEL. I questioned Dr. Josevich and the other doctors, and their emphasis was entirely upon their shortage of help, both in physicians and in other help.

Mr. CUNNINGHAM. Did they tell you any deaths were caused by shortage of help?

Mr. MAISEL. No. They gave me that sheet when I asked them about their records.

Mr. CUNNINGHAM. What did they say were the reasons for the a. w. o. l.'s?

Mr. MAISEL. They gave all sorts of reasons for the a. w. o. l.'s. One of the reasons Dr. Josevich told me about was this—he said that Drs. Feldman and Henshaw, of the Mayo Clinic at Rochester, had offered to conduct experiments on volunteer patients at any hospital in Minnesota with a new drug, thiazone, which at that time was being used for TB. He was enthusiastic about it and had asked permission of the central office and the central office had refused him permission to permit volunteers to have such therapy conducted upon them, and as a result of that many of the patients wrote their Senators—that is his phrase—and several of them went a. w. o. l. and reentered the State TB hospital at Rochester, Minn., where these experiments were being conducted. That is one of the reasons that he gave.

The CHAIRMAN. In other words, they went a. w. o. l. to go to try to get this extra treatment that they were providing at Rochester?

Mr. MAISEL. Which was denied them by the central office, although the doctors at Minneapolis would have given it to them.

The CHAIRMAN. You publicized the statistics in your magazine article, but you did not tell the facts.

Mr. MAISEL. That is one of the many reasons for the a. w. o. l.'s.

The CHAIRMAN. You got this information in August 1944.

Mr. MAISEL. I got it in September.

The CHAIRMAN. Well, in September 1944, and you wrote this article which leaves the impression that these men ran out of the hospital for some unknown reason and you publicized it all over the country to disturb not only the patients but the parents of these boys. You did not tell why those boys left that hospital.

Mr. MAISEL. I went into quite some detail as to why the men leave this and other TB hospitals. I did not refer to that one reason which is one of several.

The CHAIRMAN. You testified that you got this information in September 1944. Did you write to your Congressman or your Senator about it?

Mr. MAISEL. No. As a matter of fact, thiazone is not a particularly good drug.

The CHAIRMAN. I am talking about the conditions you said you found in the hospital. Did you write your Congressman or Senator about it?

Mr. MAISEL. No.

The CHAIRMAN. You did not make any complaint to anybody that had the power to correct it, did you?

Mr. MAISEL. I was conducting my own investigation of the hospitals.

The CHAIRMAN. For publicity purposes?

Mr. MAISEL. Not at all.

The CHAIRMAN. You were writing to me back in those days. Why did you not tell me there were conditions in this hospital that needed correcting? Why did you not write a Member of Congress, or Senate, or the head of the Veterans' Administration instead of going into a magazine article and disturbing the parents of these boys and the patients themselves, and withholding the information that these men went a. w. o. l. in order to go out to Rochester to get this specific treatment just as other patients would have done?

Mr. MAISEL. According to Josewich's own statement, many of those boys had written their Senators. Would my extra letter make any difference?

The CHAIRMAN. I am not talking about what Dr. Josewich said. We are trying to get the facts. It is alarming to me that a man, an American citizen, would go a list like that and get information, knowing that these men did not just run out of the hospital, but went out to get that extra treatment.

Mr. MAISEL. I gave a lot of information in my article why the men went a. w. o. l.

The CHAIRMAN. You leave the impression in that article that these men went out of the hospital and went a. w. o. l. for some reason when you had the information in your possession that these men went a. w. o. l. to go to Rochester to take advantage of this additional treatment.

Mr. MAISEL. Do not misunderstand me. Some of the many men who left that hospital left it to go to Rochester. Many of them left for other reasons. In my article I go into great detail as to the various reasons why the men left. To my mind, going to Rochester was in the first place ill-advised. In the second place, it covered only perhaps a half dozen men.

The CHAIRMAN. Did you ever have TB?

Mr. MAISEL. No, thank God!

The CHAIRMAN. You say that it was ill-advised. You are looking at that from the standpoint of a publicist, not from the standpoint of a poor fellow with TB who is grasping for a cure.

Mr. MAISEL. Absolutely, sir. I sympathize with their doing so, and the shame of it is they could not get good enough advice, and there are not enough personnel in these hospitals to give them good enough advice, so that men do not have to grasp at straws.

Mr. McQUEEN. Of course, that is your opinion.

Mr. MAISEL. That is my opinion.

Mr. McQUEEN. You have talked about there being only 2 doctors up there for 150 patients, and the fact that there were 11 doctors at this other hospital. I have not gotten around to this other hospital. What was the practice at this hospital when a man entered the hospital, and before the time he came into the TB ward?

Mr. MAISEL. Which hospital?

Mr. McQUEEN. In Minneapolis: we are still on Minneapolis.

Mr. MAISEL. The veterans' facility?

Mr. McQUEEN. Yes; that is a hospital, is it not?

Mr. MAISEL. We are talking of two; I want to know which one.

Mrs. ROGERS. Did you inquire at Minneapolis whether they were a combined TB and general hospital?

Mr. MAISEL. Minneapolis is a general hospital with a TB section.

Mrs. ROGERS. That is what I wanted to find out, whether the TB patients were segregated from the other patients, or whether the other patients were adequately protected from the TB patients.

Mr. MAISEL. They are in a separate wing, and I presume the other men are adequately protected. At one place we did not find such adequate protection. That was at Castle Point, in respect to the canteen. Of course, the protection did not apply to the veterans at the hospital; did not apply to the negative sputum cases as against the positive sputum cases, in the way food was served at the canteen.

Mr. McQUEEN. You are not talking about Minneapolis now?

Mr. MAISEL. No; I was trying to answer Mrs. Rogers' question.

Mrs. ROGERS. I tried to ask a question before, Mr. Counsel.

Mr. McQUEEN. I just wanted to finish with the Minneapolis hospital.

Mrs. ROGERS. I know, but, after all, this is a committee investigation, is it not? I think I am entitled to ask some questions and ask them in my own way and at my own time, unless we agree to limit members to a certain length of time.

Mr. ALLEN. Mr. Chairman, I am going to ask at this time——

Mrs. ROGERS. I had not finished; there are other questions I would like to ask.

You are a lay expert?

Mr. MAISEL. I am a layman. Others will have to judge of my expertness.

Mrs. ROGERS. You have spent a great deal of time in hospitals?

Mr. MAISEL. Right.

Mrs. ROGERS. The question was asked you some time ago if cases were lost because there were not nurses; at least, I so understood the question. Do you remember that question?

Mr. MAISEL. I was asked as to the number of nurses, and I said I could not answer for the Minneapolis facility. I hope I will be asked the same question about certain other hospitals.

Mrs. ROGERS. Is it not true, in your observation over a long period of years, that adequate nursing care saves human life?

Mr. MAISEL. Absolutely.

Mrs. ROGERS. That is why there was an attempt to draft the nurses.

Mr. MAISEL. Absolutely. My impression in the veterans' hospitals in general is that the shortage of help has created situations which, in the TB hospitals in particular, is accentuating the rate of a. m. a. discharges, the rate of runaways, and is throwing back into the general public TB cases which should be hospitalized.

The CHAIRMAN. I hope the members of the committee will concentrate on this hospital we are discussing until counsel completes his examination on that hospital. I do not want to ramble all over the lot, because we are going to come to these other hospitals in due time.

Mrs. ROGERS. I am asking questions about the Minneapolis hospital and about the shortage of nurses. He said he did not see nurses there.

Mr. MAISEL. I did not mean to imply, or to leave any comment as to the shortage at Minneapolis. I cannot speak on that, and I wish I would not be jockeyed into speaking on it. I do not want to testify to anything that I do not know as a fact.

Mr. KEARNEY. I think this has been gone all over sufficiently.

Mr. GIBSON. The witness has stated a dozen times he could not comment on that.

Mrs. ROGERS. I think anyone who goes into a hospital knows whether there are nurses about, or not; or if there are any nurses.

Mr. MAISEL. Mrs. Rogers, I would like to comment on things that I can speak of as facts rather than on general opinions.

Mrs. ROGERS. Were you at the out-patient clinic at the Minneapolis hospital?

Mr. MAISEL. As I said, I only went to the Minneapolis hospital in order to see the TB wing.

Mrs. ROGERS. Did you ask the commanding officer if there was an out-patient clinic there, with patients coming and going?

Mr. MAISEL. No; I did not. I believe in all our general hospitals they have out-patient clinics of one sort or another. I did not go into that in Minneapolis.

Mrs. ROGERS. Is a doctor in charge of the Minneapolis hospital, or a layman?

Mr. MAISEL. A layman is manager and a layman is assistant manager. There is a clinical doctor or chief medical officer who is the first doctor in order of command.

Mrs. ROGERS. Did you go into the question whether the lay manager took doctors away to rate cases for the veterans—that is, away from the care of patients?

Mr. MAISEL. In Minneapolis, and particularly at the Hines Hospital in Chicago, my attention was called to the fact that their doctor shortage was accentuated by the increased load of the rating boards and the necessity for assigning doctors to the rating boards; and that the apparent shortage was actually greater in the wards because more doctors of the few who were left were on the rating boards than ever before.

Mrs. ROGERS. Do you believe doctors can practice medicine better than laymen?

Mr. MAISEL. By and large.

The CHAIRMAN. Please confine your questions to matters of fact and not what the witness believes, because he is under oath and he is here to testify as to facts.

Mrs. ROGERS. I think that is a matter of fact, Mr. Chairman.

Mr. MAISEL. Mr. Chairman, may I have permission to make one comment on your last question to me?

The CHAIRMAN. You may answer it.

Mr. MAISEL. I was trying to. You implied in your question that I had done something unethical in bringing this information to the attention of the public through a magazine article rather than through a congressional committee. I would like to point out that much of this information has been in the possession of various Members of Congress over a long period of time.

The CHAIRMAN. You can testify as to what you know about what Congressmen know. That is one thing. What I was asking you about was this, if you brought this to the attention of any Member of Congress, either from your own State or from other States, to the attention of any Member of the House or Senate; and if not, why you had not done so. But the principal thing I was questioning you about was why you publicized this statement, of the number of patients

that were a. w. o. l., and did not tell the public that there were a. w. o. l. because they were trying to get this additional treatment out at Rochester. That is what I was driving at.

Mr. MAISEL. As a matter of fact, I think at another point in the article I mentioned that men leave these hospitals in order to go into State and county hospitals where they feel they can get better treatment. That is one of the basic reasons why patients leave these hospitals.

Mr. McQUEEN. That is, of course, your opinion.

Mr. MAISEL. It is the information that I have been given by many doctors.

The CHAIRMAN. I would like counsel to finish with his questioning, and then turn the witness over to the committee.

Mr. McQUEEN. I want to get back to these doctors. You stated that there were 11 doctors for the care and treatment of 451 patients at the Glen Lake Sanitarium—at the Veterans' Administration facility on the other side of town there were 2 doctors for approximately 150 patients?

Mr. MAISEL. An average of 150 patients.

Mr. McQUEEN. And that the chart called for three doctors for those patients?

Mr. MAISEL. I did not testify as to the chart. I stated that a third doctor had been added 1 week before I got there, but that the 6 months period covered by this statement was a period during which there were only two doctors on duty.

Mr. McQUEEN. You say there is a senior medical officer at that hospital, at that facility?

Mr. MAISEL. There is a senior medical officer. I do not know what his title is, offhand.

Mr. McQUEEN. Does he have anything to do with the TB ward?

Mr. MAISEL. It is under his direct control.

Mr. McQUEEN. That would be another doctor; that would be parallel to the superintendent of the hospital across town, would it not?

Mr. MAISEL. The superintendent at Glen Lake practiced in the wards, the TB wards.

Mr. McQUEEN. How long were you at Glen Lake Hospital?

Mr. MAISEL. For two full days.

Mr. McQUEEN. But you only spent part of 1 day in this hospital?

Mr. MAISEL. That is right, at the Minneapolis hospital. I was at Glen Lake in order to learn something about TB hospitals preparatory to visiting a number of veterans' hospitals.

The CHAIRMAN. Mr. McQueen, will you ask him what kind of a hospital that is, so that we can make a comparison between the two?

Mr. MAISEL. Glen Lake is the county sanitarium of Hennepin County, Minn., which is the city of Minneapolis.

The CHAIRMAN. A sanitarium for what?

Mr. MAISEL. TB. It is an exclusively TB hospital, publicly owned, and operated by the county.

Mr. GREEN. How many doctors per patient did that hospital have?

Mr. MAISEL. One to 41, as opposed to 1 to 75 at the veterans' hospital.

Mr. McQUEEN. Let us see if it is 1 to 75. Did you consult or talk with, we will say, an eye, nose, and throat specialist at the veterans' hospital in Minneapolis?

Mr. MAISEL. I think we can save a lot of time, because I know what you are getting at, sir. There are other doctors there who can treat the other ailments of the TB patients. There are two doctors treating TB, as such, at Minneapolis.

Mr. McQUEEN. And on the staff of any well-regulated public institution like this they have specialists; for instance, they will have an X-ray man, they will have a TB man?

Mr. MAISEL. They will have; at Glen Lake they had 11 doctors specifically treating TB, and many other consultants; somewhere around 25 consultant physicians who were brought in to treat specialized troubles that the TB patients might have concurrently. So the comparison is fair, because there were 11 men treating TB at one place and 2 men, later 3, treating TB at the other place.

Mr. McQUEEN. And you are positive that that is right, that the other physicians at the large institution operated by the Veterans' Administration had nothing whatever to do with this ward at all?

Mr. MAISEL. I do not say that. I say the other physicians were perfectly available to treat other concurrent troubles, but there were two men assigned, according to Dr. Josewich, to treat TB. They were in charge of the ward. They were the TB specialists.

Mr. McQUEEN. You have gone over that.

Mrs. ROGERS. Were there any women patients at Minneapolis?

Mr. MAISEL. I did not see any. There may have been some.

Mrs. ROGERS. You did not ask if there were facilities for them?

Mr. MAISEL. No; I did not. I did go into that at Castle Point.

Mr. McQUEEN. Going back to this reason for leaving hospitals, did you make any tabulation of any kind, taking a certain number of patients, as to why the patients did leave those hospitals?

Mr. MAISEL. I do not understand the question.

Mr. McQUEEN. Did you make any study of a break-down of why 100 patient would be a. w. o. l.?

Mr. MAISEL. I had in my possession at that time a document given me by Dr. Louis Dublin. It is a report signed by Colonel Ijams, of the Veterans' Administration. It is a hundred-odd-page study of why their patients leave a. w. o. l. It is dated sometime in 1942 and it is a very thoroughgoing study and makes a numbers of suggestions for improvement, but I was not able to find any of those improvements put into effect. As far as I know, nothing has been done, although the Veterans' Administration was aware of the problem in 1942.

Mr. McQUEEN. Dr. Dublin is a statistician, is he not?

Mr. MAISEL. He is a statistician. He is an expert in public health, recognized by the Veterans' Administrator, who put him on his Medical Advisory Council for many years.

Mr. McQUEEN. He is not an M. D., is he?

Mr. MAISEL. He is not an M. D.

Mr. McQUEEN. You left the impression very definitely in your article that Dr. Dublin was an M. D., did you not?

Mr. MAISEL. In what way, sir?

Mr. McQUEEN. Well, did you or did you not?

Mr. MAISEL. I had no intention of doing so. I referred to him as "doctor," which is a commonly known title.

Mr. McQUEEN. You did not say he was a statistician, did you?

Mr. MAISEL. Of course not.

Mr. McQUEEN. He furnished you this information which had been furnished by Colonel Ijams, of the Veterans' Administration?

Mr. MAISEL. I have the document here; yes.

Mr. McQUEEN. May I see it?

Mr. MAISEL. It is dated June 1, 1943; it covers somewhere in the neighborhood of 100 patients.

Mr. McQUEEN. When did Dr. Dublin turn this statement over to you?

Mr. MAISEL. Sometime in the fall; I do not know the exact date. He gave me a number of documents at various times.

Mr. McQUEEN. Did you base a great deal of your conclusions, or did you get a great deal of your data from Dr. Dublin?

Mr. MAISEL. No; I would not say a great deal of it. I will say that many of the things Dr. Dublin had written about previously put me on to things to look for, surely. But I went out independently and investigated my data.

Mr. McQUEEN. But you did not draw any of your conclusions which you have placed in this article from anything that you got from Mr. Dublin?

Mr. DOMENGEAUX. Mr. Chairman, why can we not find out what this witness has found out and have him tell us about it, and the conclusions that he has drawn? We are wasting a lot of time by this line of questioning. We are not getting anywhere. Let us find out what this man knows.

Mr. McQUEEN. May I close my questioning, and then ask——

Mr. MAISEL. If the committee can give me 15 minutes, I think I can cover what would be covered in 2 hours by this examination.

Mr. KEARNEY. I think that is a good suggestion.

Mr. McQUEEN. I would like very much to confine this testimony to the Minneapolis hospital. If we are going all over the lot, you are not going to know whether he is talking about New York or Minneapolis, or what.

Mr. ALLEN. Mr. Chairman, why not take up hospital A, and have the witness tell us what he thought was wrong there; then take up hospital B, and so forth; then, after that, he can say that he reached a certain conclusion on his own, or he got an impression from what the doctors told him, and so forth. A while ago I wanted to ask if he based his conclusion about the shortage of doctors upon what physicians told him, or whether it was a matter of his own conclusion.

Mr. MAISEL. Mr. Allen, we have spent over an hour covering one small point in an article that makes maybe 200 points. And I think Minneapolis is one of the minor situations here. I would much prefer, and I think most of you would prefer, that I be allowed to talk about Castle Point.

The CHAIRMAN. There are one or two questions I want to ask you about Minneapolis, before you leave that.

Mr. MAISEL. Surely.

The CHAIRMAN. You headed your article in the magazine, I believe, "Third-rate medicine for first-rate men."

Mr. MAISEL. Yes, sir.

The CHAIRMAN. Did you find that they were giving third-rate medicine at Minneapolis?

Mr. MAISEL. Mr. Chairman, that title obviously is a title expressive of an opinion. I think none of us will cavil at the question that they are first-rate men. They are veterans. It gets down to the question, therefore, of the term "third-rate medicine." There has been much exception taken to my term by members of this committee and by others. May I explain what I mean by the term "third-rate medicine"? I think that will cover it, so that we will all understand what I am talking about.

The CHAIRMAN. All right.

Mr. MAISEL. What I mean by "third-rate medicine" is the kind of medicine that does not succeed in achieving as high a rate of cure, under comparable circumstances, as other comparable public institutions achieve. I think the goal of the Veterans' Administration must be to achieve at least as good a record as any county hospital or State hospital under comparable circumstances can achieve.

The CHAIRMAN. The heading over your article left the impression over the country that these men were being treated with inferior medicine.

Mr. MAISEL. And I think the contents of my article proved it.

The CHAIRMAN. You do?

Mr. MAISEL. I do.

The CHAIRMAN. What was wrong with the medicine?

Mr. MAISEL. We are not talking of drugs. We are talking of the practice of medicine.

The CHAIRMAN. Did you find anything wrong with the doctors with whom you talked?

Mr. MAISEL. Yes. The first thing that was wrong with the doctors was that they had only two doctors, and there were only two, when they needed at least eight of them there.

The CHAIRMAN. You do not contend that these doctors were not competent? If you do, that is what I want to find out. Were they incompetent?

Mr. MAISEL. At Minneapolis?

The CHAIRMAN. Yes.

Mr. MAISEL. No. I was very much impressed by Dr. Josewich, and Major Burns had previously occupied a very high position at the Minneapolis State Sanitarium. I do not mean in any sense to imply that either Dr. Josewich or Major Burns are incompetent doctors. But I do say that they cannot be competent in their practice when they are working under the circumstances they were working under, and I say their own records of deaths and A. M. A.'s prove that even the best doctors cannot achieve good results under the circumstances they were forced to work under.

The CHAIRMAN. What we are trying to find out is this. We know we have a shortage of help everywhere. Yesterday we brought up a bill to try to give the Veterans' Administration an opportunity to employ additional help and, under a unanimous consent request, it was objected to and now we will have to wait for 2 weeks before I can take it up again. What we are after, so far as I am concerned, is this. I do not care what you write for; I do not care how much you write; my responsibility is to try to see that these men in the hospitals are properly taken care of. I do not care who likes it or who dislikes it. That is going to be the goal.

Mr. MAISEL. We are in complete agreement there and I have made a number of recommendations and I would like to call some of them to the attention of the committee.

The CHAIRMAN. I want to find out first if you found anything wrong with the medicine or the doctors there.

Mr. MAISEL. I did find many things wrong with the doctors and the practice of medicine at many of these hospitals.

The CHAIRMAN. But not at Minneapolis?

Mr. MAISEL. At Minneapolis in particular I found the practice of medicine vastly handicapped by the shortage of doctors. And I found that in a comparable hospital, subject to the same Army draft and everything else, there was not a doctor shortage, in the same town. And I do not understand how that could be. It seems that only maladministration could produce that sort of condition.

I also found another thing at Minneapolis. There is a floor and a half at the Minneapolis Glen Lake Sanitarium that is closed down for lack of patients, because they have licked TB in that town. The Veterans' Administration could move all of its TB patients into that sanitarium and get one-hundred-and-seventy-nine-odd extra beds for general patients at Minneapolis, if they would make a contract with Glen Lake for the care of their TB patients. In other words, there are many ways of overcoming this shortage. I do not think the Veterans' Administration has been very progressive in its approach to the problem.

The CHAIRMAN. But you said just a few moments ago that you did not find any shortage of beds in that hospital.

Mr. MAISEL. A shortage of doctors.

The CHAIRMAN. You said you did not find any shortage of rooms; you did not find overcrowding.

Mr. MAISEL. I did not find any surplus room, either. I was there to investigate that. I know the hospital itself, like all general facilities in the Veterans' Administration, is overloaded today.

The CHAIRMAN. Now you say that you found extra space at this hospital, and it has not been 30 minutes since you testified that you did not find that part of the facility overcrowded and did not investigate the other part of the facility at all.

Mr. MAISEL. There is extra space at Glen Lake, in the county hospital, which could accommodate all the TB patients, and thereby provide space for general patients at the veterans' facility.

The CHAIRMAN. But you do not know whether it was crowded or not, you just stated so a few moments ago.

Mr. MAISEL. I know from the general figures of veterans' hospitals, that they have emergency beds at Minneapolis, which means that it is crowded.

The CHAIRMAN. You were there to investigate and you say you did not investigate that part of the hospital and did not find any crowded condition in that part of the hospital that you did investigate.

Mr. MAISEL. Mr. Chairman, the Veterans' Administration in its annual report lists the number of beds in operation at each hospital. At the Minneapolis hospital there are emergency beds, so-called. "Emergency beds" means simply this, that you have taken a hospital, built with kitchens and dining rooms and toilets and other facilities, for a certain number of patients, and you have crowded it by putting in

extra beds. Any hospital that has emergency beds is, per se, overcrowded.

The CHAIRMAN. That is not necessarily the case, because every hospital sets aside a certain number of beds that it designates as emergency beds that are kept in readiness for emergency cases.

Mr. MAISEL. That is not the term as used by the Veterans' Administration.

The CHAIRMAN. You did not look into this hospital to find out whether it was crowded or not.

Mr. MAISEL. I know from the statistics that it has emergency beds.

The CHAIRMAN. We are not talking about statistics. We brought you down here to get information from you. Now, you have talked about a statistician, and you led us to believe that he was a doctor when he was only a statistician. We want information on which we can proceed to correct whatever is wrong in these hospitals.

Mr. AUCHINCLOSS. Mr. Chairman, let me suggest that if you allow the witness to tell his story, we will learn a lot.

Mr. GIBSON. I would like to ask a question about the shortage of doctors. Did you make a comparison of the salaries received by doctors in the veterans' hospitals and the salaries received by the doctors at this county hospital?

Mr. MAISEL. I did. I am sorry I do not have the figures here, but the salaries of the doctors at the county hospital averaged 14 percent higher than comparable grades at the veterans' hospital.

Mr. GIBSON. Do you not think that answers the question?

Mr. MAISEL. Only in part, sir. All doctors in public service will make less than they could in private practice. I do not think salaries alone is the answer to the question. I think you could raise salaries and you might somewhat improve the situation. But that alone is not the cure-all. I do not want to advocate not raising the salaries, because they are definitely low. But I do not think, gentlemen, you will cure everything by just passing a bill to raise the salaries.

Mr. CUNNINGHAM. Do you feel that a good doctor, after reading your article, would want a job in a veterans' hospital?

Mr. MAISEL. I do not think any good doctors want jobs in veterans' hospitals. That is one of the reasons why veterans' hospitals are short of doctors; but not as a result of reading my articles. Doctors do not go to my articles for advice.

Mr. CUNNINGHAM. But they would not be encouraged to go to that kind of work after reading your article.

Mr. MAISEL. I do not think so. That was not my intent in writing it.

Mr. CUNNINGHAM. I know that it was not.

The CHAIRMAN. On the question of the shortage of doctors, I am surprised to find that one area has all of the doctors it needs, because where I live, all of our young doctors are in the service, and every hospital in my section of the country that I know anything about has a shortage of doctors, whether it is a public or a private hospital.

Mr. MAISEL. Mr. Chairman, I think the shortage of doctors, or rather the low ratio of doctors to patients, is something that has existed at the Veterans' Administration for some time past and is a result of veterans' policies. Veterans' hospitals, after all, have been able to get doctors from the Army and therefore are better off than most other hospitals. Nevertheless you find a reverse disproportion between them

and county and State hospitals. For some reason they are not able to hold their doctors. The doctors are glad to get out of there. The Army had to bail them out with several hundred doctors, because the doctors were running out of those hospitals, anxious to get into the Army, more so than doctors from other hospitals. I am glad to find that they are very patriotic, but the fact is that these are veterans and I cannot see a distinction between a man in an Army TB hospital and a man in a veterans' TB hospital the day after his discharge papers are signed. He is the same veteran.

Mrs. ROGERS. You feel that he becomes the forgotten man as soon as he is discharged from the Army?

Mr. MAISEL. I certainly feel that the veterans' hospitals are in a position to achieve far greater consideration from the Army, because of the nature of their patient load, than any other hospitals. And I think the proof of that is that the Army has bailed the veterans' hospitals out with over 700 doctors and several hundred corpsmen. And if they still have shortages, it is time that something was done so that we do not find this change in condition when a man is discharged from the Army. He is the same man, whether he is in an Army TB hospital or in a veterans' TB hospital. I do not see why, all of a sudden, he becomes a third-rate citizen because somebody has signed his discharge papers.

The CHAIRMAN. Right on that point: You are not going to get away with that statement. Why do you say he becomes a third-rate citizen?

Mr. MAISEL. In the sense, sir, that he is not getting the same service that he was getting the day before, in the Army hospital.

The CHAIRMAN. That statement, I want to say to you, in my opinion, is an insult to these doctors, as well as to many of the patients and other helpers in these hospitals, who are doing the very best they can in most instances.

Mr. MAISEL. It was not meant as such, and if anybody feels that it is, I would like to withdraw it.

The CHAIRMAN. Frankly, that is the way I feel about it.

Mr. MAISEL. It is probably very unfortunate phrasing, and I will withdraw it.

Mr. ERYN. I move that the witness be permitted, Mr. Chairman, to testify without interruption and tell us what he knows of his own knowledge about each facility or hospital that he visited.

(There were several seconds.)

Mr. RAMEY. The witness has expressed the desire to tell us about these situations that he found, and I think he should be permitted to do so.

The CHAIRMAN. I have no objection to that request.

Mr. ALLEN. Mr. Chairman, I thoroughly agree with the motion of the gentleman, but I do not think we ought to be shut off from asking any questions at all.

The CHAIRMAN. I am called upon, as chairman of the committee, to preside over this investigation, and when this witness testifies to anything that he ought to be questioned about, I am going to recognize counsel and members of the committee to question him.

Mr. KEARNEY. Mr. Allen, I do not think that was the intention of the gentleman who made the motion. His idea was to let the witness

tell his story and then, after he has told his story, we may want to ask him some questions.

Mr. ERVIN. I am glad to accept Mr. Kearney's amendment.

The CHAIRMAN. Why not let him take up the next hospital and let him tell his story about it?

Mr. ERVIN. I think he should be permitted to tell his story without interruption and then we can ask him questions.

Mr. ALLEN. You mean, take up hospital after hospital and tell us what he thinks is wrong with it, and then, if someone wants to ask him about the particular hospital he has just discussed, he can be asked about it?

Mr. PICKETT. I think we would save a lot of time if the witness were permitted to lay a foundation for his points and then let counsel interrogate him about it; and possibly some members may want to interrogate him.

Mr. MAISEL. Mr. Chairman, may the witness make a suggestion?

The CHAIRMAN. Yes.

Mr. MAISEL. I have with me indexes to these two articles, of my sources. I have got a number of other letters and documents which have come to me since these articles were written. It is now 11:30. I presume you are going to adjourn around noon and then start again tomorrow morning?

The CHAIRMAN. No. We are going on again this afternoon.

Mr. MAISEL. If you would give me a few minutes to brush through the general material that I have here, I could then leave it with any members of the committee who want to look at it and they could go over this documentary material this afternoon and ask me all the questions they want on the basis of having seen some of this stuff. I think that would be most fruitful.

The CHAIRMAN. We have counsel for that purpose and he can go over it. Each member of the committee cannot take all of this stuff and read it between now and our next session. There are 21 members on the committee in addition to counsel.

Have you finished with the Minneapolis hospital?

Mr. MAISEL. I think we have beaten it to a pulp.

The CHAIRMAN. Then we will hear you on Castle Point.

Mr. ERVIN. Mr. Chairman, I ask for a vote on my motion.

The CHAIRMAN. Permit him to make his statement about Castle Point hospital and then we will go on to the next hospital.

Mr. ERVIN. You suggest taking his statement hospital by hospital?

The CHAIRMAN. Yes.

Mr. ERVIN. I will amend my motion, that the witness be permitted to tell his story, hospital by hospital, without interruption, to tell us what he knows about each one, following which he will be asked questions.

The CHAIRMAN. I do not think there is any objection to that procedure and, without objection, it is so ordered.

Mr. MAISEL, I believe you said the next one was Castle Point.

Mr. MAISEL. At Castle Point I found a number of conditions.

The CHAIRMAN. That is in New York?

Mr. MAISEL. That is right. It is along the Hudson River, about 75 miles north of New York City. It is near the city of Beacon.

The CHAIRMAN. In whose congressional district is that, Mr. Kearney?

Mr. KEARNEY. Congressman LeFevre's.

The CHAIRMAN. I will ask the clerk to call Mr. LeFevre and tell him that we are about to discuss the Castle Point hospital. I believe he wants to appear.

Mr. MAISEL. At Castle Point, I referred to a number of situations, and I would just like to talk about the food situation.

Castle Point is a TB hospital. I think we will be on TB for some time.

In respect to the food situation at Castle Point, what has happened there is this: They have put in approximately 25 percent more beds than the hospital was built for, under this title of "emergency beds." All in all, I understand that in excess of 3,000 such emergency beds have been placed in the entire Veterans' system. I have that from a speech of General Hines of about a year ago. The figure may be larger today.

The CHAIRMAN. You mean the entire system of hospitals?

Mr. MAISEL. That is right.

The CHAIRMAN. And not this individual hospital?

Mr. MAISEL. No. In this individual hospital they have some 625 beds today, whereas the hospital was built for some four hundred and ninety-odd. They have done that by converting day rooms, by converting diet kitchens to wards and private rooms, semiprivate rooms for patients. They have done that also by putting extra beds in rooms intended for a smaller number of patients originally.

The effect on the food situation has been this: Since they eliminated the diet kitchens on the separate floors, they have to serve food now from a central kitchen. And since most, or a vast number, of these TB patients are confined to their beds on doctor's orders, they have to bring the food through the various wings of the hospital, sometimes as far as a block and a half or two blocks—five or six hundred feet and up three or four floors—to the patients.

Now, it so happens that a lawyer in Chicago wrote to Miss Emily Douglas, the Congresswoman from Chicago, questioning that and several other points. She, in turn, sent his letter over to Dr. Griffith, and Dr. Griffith answered it at some length as to the food situation.

His explanation was that they had in September lost their chief dietitian, and some time later somebody else went on leave, and that 9 of the 13 preheated food carts that they had bought were out of order, although they were brand-new carts; and over a period of 4 months they were not able to get that kitchen reorganized so as to get hot food to the patients.

Dr. Griffith meant that by way of explanation of the difficulties under which they suffered. To me, and I think to any reasonable man, it is an outstanding example of maladministration, to permit patients, sick people, for a period of 4 months, to go without adequate food, adequately prepared.

The only conclusion I can come to from Dr. Griffith's statement is that this situation was not properly and promptly cleared up by the administrative authorities and that anything else is just a lot of verbiage and alibi.

I cannot conceive of any Army or Navy hospital, or any public hospital, that would permit its kitchen to be out of order, as it were, for

a period of over 4 months, and that would feel proud that they had finally cleared up the situation at the end of 4 months.

I saw the food at Castle Point and in my article I reported on it.

The CHAIRMAN. What did you say about it?

Mr. MAISEL. I quoted the contents of a meal. I take it you have all read the article and know what I quoted, but if you want me to, I will read it.

Mr. SCRIVNER. Yes; please read it.

Mr. MAISEL (reading):

I visited that hospital 3 weeks after this pitiful petition was filed—

This is the petition of 400 patients complaining about the food—

I examined a dozen meal trays at the patients' beds. This is what I found, the day's main meal: one small pot of cold tea, two thin slices of white bread, a tiny pat of butter, a few thin slices of broken-down stewed peaches, and—the main course—a beef stew containing six or seven tiny chunks of greasy meat swimming in fast-congealing gravy. All cold as the grave.

Now, objection may be taken to my phrasing, but that is what I found there, gentlemen.

The CHAIRMAN. You mean to tell the committee that the food cooked on the ground floor, by the time it got to the top floor, was as cold as the grave? That is what you are trying to say?

Mr. MAISEL. That is what I am trying to say. It is a figure of speech, but you can draw what conclusion you want from it. It was cold.

The CHAIRMAN. You do not contend that they did not have a kitchen in this hospital?

Mr. MAISEL. They have a central kitchen.

The CHAIRMAN. And you say that by the time the food got from that kitchen to the various floors, it was cold as the grave?

Mr. MAISEL. Yes.

Mr. CUNNINGHAM. I believe you would aid the committee a lot and also help yourself as a witness if, in making your statement, you would first give us the facts and leave out your conclusions and your opinions and your recommendations until you finish. I appreciate that you probably are not a lawyer and do not know the difference between competent and incompetent testimony. It would help the committee if you try to give us the facts first and then your recommendations and your opinions later.

Mr. MAISEL. I am glad to find that I am among friends; thank you.

The fact is that four-hundred-odd patients in a hospital having some 590 patients at the time signed a petition complaining about the food. These men are not Communists. These men are not patients ordinarily given to making unusual protests. These are veterans who, for the most part, just came out of the Army, and under Army discipline.

The CHAIRMAN. To whom did they send that petition?

Mr. MAISEL. To the manager of the hospital. And I have a copy of the petition.

The CHAIRMAN. Do you remember the date of it?

Mr. MAISEL. It was 3 weeks before my visit. It was some time in September.

Mr. DOMENGEAUX. Why can we not make that petition a part of the record?

Mr. MAISEL. I have only a copy of it.

Mr. GREEN. Does the manager have the original petition?

Mr. MAISEL. Yes.

The CHAIRMAN. If you have a copy, we will put it in the record, and return your copy to you.

Your remedy would be to repair those kitchen on the various floors and put them in operation; is that right?

Mr. MAISEL. It seems to me the two basic difficulties with the food at Castle Point are these: First, the overcrowding of the hospital, which diminished the number of kitchen facilities that they had in the first place; and, secondly, the administrative failure to straighten out their kitchen over a period of 4 months. I presume it has been straightened out at long last and that adequate personnel are preparing the food adequately. But as far as the overloading of that kitchen is concerned, you are making a hospital that was not built to handle that many cases, handle them. I say that the cure for the TB situation in these hospitals is not emergency beds, because that produces such kitchen conditions. The cure for the TB situation is to find other hospitals capable of taking these TB cases or to build other hospitals, so that they are not overcrowded.

The CHAIRMAN. Now, right on that point——

Mr. MAISEL. I am back on opinions, sir.

The CHAIRMAN. I understand, and your opinions are leading right up to the verge of what we want to find out. Your remedy would be to send these men to private hospitals; is that what you are driving at?

Mr. MAISEL. To contract hospitals.

The CHAIRMAN. With whom did you discuss that proposition?

Mr. MAISEL. I discussed it particularly with Dr. Marriette at Glen Lake Hospital.

The CHAIRMAN. He wants us to send these TB patients at Minneapolis out to his hospital?

Mr. MAISEL. Yes.

The CHAIRMAN. At Government expense?

Mr. MAISEL. He did not care whether the county would rent to the Government the entire floors, which the Government would then operate as a veterans' facility, or whether they would turn over a contract for the individual patients to be treated by the county's hospital. It could be done either way.

The CHAIRMAN. You are speaking now about Minneapolis?

Mr. MAISEL. Yes, sir.

The CHAIRMAN. Did you discuss this proposition with anyone else?

Mr. MAISEL. I discussed it also with Dr. Robert E. Plunkett, who is head of the New York State TB hospital system.

The CHAIRMAN. What did he want to do?

Mr. MAISEL. He pointed out to me that there are vacancies, vacant beds, in many hospitals in New York State, both those operated by the State and those operated by municipalities and districts, and that again it would be possible, either under a rental system or an individual contract system, for TB patients to be placed in other public hospitals, thereby freeing beds in the Veterans' system for other patients.

The CHAIRMAN. Did you discuss this with Mr. Fishbein?

Mr. MAISEL. No; I did not. I have had discussions with Mr. Fishbein, but not on that point.

The CHAIRMAN. Did you discuss this veterans' situation with him?

Mr. MAISEL. Yes; I have; that is Dr. Fishbein.

The CHAIRMAN. And his article, his attack on the Veterans' Administration, synchronized fairly well with your last article, did it not?

Mr. MAISEL. I think the American Medical Association Journal, which is edited by Dr. Fishbein, a few weeks after my first article appeared, had an editorial generally endorsing the same things I was proposing.

The CHAIRMAN. Let us get Mr. Fishbein's title correct.

Mr. MAISEL. He is a doctor.

The CHAIRMAN. He is not a medical doctor?

Mr. MAISEL. Yes; he is.

The CHAIRMAN. He never practiced medicine a day in his life.

Mr. MAISEL. Dr. Fishbein is a medical doctor.

The CHAIRMAN. I understand, but he never practiced medicine a day in his life.

Mr. MAISEL. I do not know.

The CHAIRMAN. That is the information we get before the committee here.

Mr. GREEN. He is one of the leading medical authorities in this Nation.

Mr. MAISEL. I am not competent to talk on Dr. Fishbein.

Mr. KEARNEY. Mr. Chairman, Woodrow Wilson never practiced law either, but he was a lawyer.

The CHAIRMAN. Probably that is the reason the gentleman from New York never voted for him.

Mr. KEARNEY. I do not think I was old enough at that time.

Mr. SCRIVNER. Let us get back to the record and the discussion of Castle Point.

The CHAIRMAN. On this proposition, you discussed it with Mr. Fishbein—I will call him as I please.

Mr. GREEN. In order to straighten out the record a little, Mr. Maisel was criticized for calling Dr. Dublin, who is a statistician, a doctor. I do not think you ought to call Dr. Fishbein "Mr.," if he is a doctor. Let us put them in their proper classifications.

The CHAIRMAN. He never practiced medicine a day in his life.

Mr. ERVIN. I read a book by him, and he is a mighty intelligent man.

Mr. RAYFIEL. He is one of the greatest authorities on medicine in the country.

The CHAIRMAN. He has made a totalitarian system out of the American Medical Association. We will get to that, too.

Mr. RAYFIEL. I did not think we were investigating that, Mr. Chairman.

The CHAIRMAN. I think we will.

Mr. MAISEL. May I just make one statement on Dr. Fishbein? I neither advocate, nor take any position here on, Dr. Fishbein's general opinions. He is one of a large number of people I interviewed. I have not quoted Dr. Fishbein and, for God's sake, do not hang me on what you are going to hang him for.

The CHAIRMAN. I want to know if you consulted with him about taking these veterans out of veterans' hospitals and putting them into these private hospitals that he speaks of.

Mr. MAISEL. No.

Mr. ERVIN. Mr. Chairman, I think we ought to go back under the regular order and proceed with the witness' statement.

Mr. MAISEL. We were talking about the petition signed by the 400 patients at Castle Point. The text of the petition is as follows:

SEPTEMBER 22, 1944.

We, the patients of the veterans' hospital at Castle Point, wish to bring to your attention the poor condition of the food.

It is understood that better means could be provided in preparation and the serving of meals in this facility.

Hoping that some remedy will be taken of this condition, we remain—

As I saw the petition, or a carbon copy of it, it had four-hundred-odd names on about 11 sheets.

The CHAIRMAN. Have you read all the petition?

Mr. MAISEL. That is the petition, followed by the 400 names.

The CHAIRMAN. Will you read it again, so that members of the committee can all hear it?

Mr. MAISEL (reading):

SEPTEMBER 22, 1944.

We, the patients of the veterans' hospital at Castle Point, wish to bring to your attention the poor condition of the food.

It is understood that better means could be provided in preparation and the serving of meals in this facility.

Hoping that some remedy will be taken of this condition, we remain—

followed by four-hundred-odd names,

The CHAIRMAN. That was addressed to the head of the hospital?

Mr. MAISEL. That is right, to the manager. I also have a letter that I would like to read into the record, if you would permit me.

The CHAIRMAN. Whom is it from?

Mr. MAISEL. It is to the editor of the Rochester Democrat-Chronicle, from a patient, Ted Clevinger, one of the patients who helped circulate the petition, calling the attention of the Democrat-Chronicle to the petition and describing the manner of its circulation. I think it is pertinent, Mr. Chairman, and I would like to read it.

The CHAIRMAN. All right.

Mr. MAISEL (reading):

VETERANS' ADMINISTRATION FACILITY,
Castle Point, N. Y., September 17, 1944.

EDITOR, ROCHESTER DEMOCRAT-CHRONICLE,
Rochester, N. Y.

DEAR SIR: I have before me as I write this letter several sheets of paper containing the names of over 400 veterans who subscribed not to a request, but to a plea for help.

Before I go further, I will say that, through you, I hope to inform the people that their returning veterans have not come home to a "bed of roses." I want the people to know that we think the GI bill of rights, which includes hospitalization, makes damn good reading, and only good reading. Much publicity has been given this wonderful piece of legislation and much money has been appropriated to make it a success.

We ask only to be taken care of now, that we are sick, so that we may regain our health and rid ourselves of Government red tape. We don't want charity. We only ask for the fair break which is implied in the GI bill.

The veterans here have registered complaint after complaint about our food, its grade, the way it is prepared, and how it is served. We will never be made to understand why we can't have the best, or at least good food.

It has been a great effort for us to circulate our petition throughout a hospital of 500 patients, and we hope our effort will not go unrewarded.

We have one ward for colored patients, and when the petition was taken to that ward, one colored man asked surprisingly: "Do you mean to say that the white boys get the same lousy food that we get?"

Is this the type of life that we have fought to keep, and is this what dying American boys can expect as a reward for their fidelity? The time for action is now and not after the war is over. Our predicament is a clear indication of what today's American serviceman can expect once he becomes a "has been."

What can we do about it?

Very truly yours,

TED CLEVINGER.

The CHAIRMAN. What is the date of that?

Mr. MAISEL. September 17.

The CHAIRMAN. Last year?

Mr. MAISEL. 1944. I do not know, but I do not think the editor published the letter.

The CHAIRMAN. You do not think the editor published the letter?

Mr. MAISEL. No. This was given to me by Mr. Clevinger.

The CHAIRMAN. This is the first time it has ever been published?

Mr. MAISEL. Yes. I have not published it, and I do not think the editor of the Rochester Democrat-Chronicle published it.

The CHAIRMAN. Did you or did you not state in your article that the food in this hospital was not fit to eat?

Mr. MAISEL. I would have to check that as to whether I used that phrase. I do not think it is a phrase common to my article.

The CHAIRMAN. It has been some time since I read it; I may be wrong.

Mr. SCRIVNER. I do not recall that he did, Mr. Chairman, in referring to Castle Point, but he did at one place make this statement:

I have seen desperately sick veterans served food so cold that it would be indignantly rejected in the worst Bowery flophouse.

Mr. MAISEL. That is the phrase that I used.

Mr. McQUEEN. Does that pertain to this hospital?

Mr. MAISEL. That pertains to this hospital particularly.

Mr. SCRIVNER. That statement is found on page 36 of the magazine Cosmopolitan of March.

Mr. MAISEL. Members of the committee may take exception to my phrasing, but, after all, that is something that you will have to allow me.

The CHAIRMAN. This is at Castle Point in the State of New York?

Mr. MAISEL. That is right.

The CHAIRMAN. You did refer to the Castle Point hospital there?

Mr. MAISEL. In particular the Castle Point. The food is none too good at many other hospitals.

The CHAIRMAN. Did you get a copy of the menu at that time? They publish a menu for a week at a time, do they not?

Mr. MAISEL. I recited this particular menu.

Mr. GREEN. He saw the food.

Mr. MAISEL. I saw the food there. I have had copies of menus from other veterans' hospitals. I also have with me a copy of a week's menu at the Klamath Falls Marine Barracks, and if anyone wants to make a comparison between what a marines barracks provides at 63

cents a day with what a veterans' hospital provides at what I have been told is 84 cents a day, I think they will find that the 84 cents produces a darn sight less in quantity and quality than the Marine Corps manages to provide its men for 63 cents a day. I had seven steaks in the 5 days I was at the Marine Corps barracks at Klamath Falls.

The CHAIRMAN. Of course, we do not have jurisdiction of the Marine Corps barracks.

Mr. MAISEL. But you do have jurisdiction over the Veterans' Administration, sir, and the Veterans' Administration has access today to the same sources of food that the Army has, I understand. I cannot understand why, in view of the cost of these hospitals, food, of all things, should provoke such reactions from the patients, even allowing for the fact that these are sick men. These men have been spoiled, perhaps—I use the term not in criticism—by what they get in the Army. They have gotten used to something much better in the Army and the Navy hospitals. But they are not getting the kind of food that they have a right to expect, sir.

Mr. CUNNINGHAM. Did you go into the food lockers to see the kind of food—in the iceboxes?

Mr. MAISEL. At the veterans' hospital?

Mr. CUNNINGHAM. Yes.

Mr. MAISEL. I was taken through there. I cannot say whether it was grade A meat or grade B. I presume it is as good meat as you can get. But when it reaches the patients—

Mr. CUNNINGHAM. You are not talking about the quality of the meat, you are talking about its preparation?

Mr. MAISEL. I am talking about the end result. I do not know what the basic reason is, frankly, except mismanagement somewhere along the line.

Mr. KEARNEY. What months were you there?

Mr. MAISEL. September and October; October 5, at Castle Point.

Mrs. RODGERS. Did you quote one of the patients as saying that the food was not fit for a dog, or words to that effect?

Mr. MAISEL. I do not recall; I would have to check.

I will say that, if I did not quote it, I certainly heard patients make that and equivalent remarks. They are quite vehement about it.

Mr. AUCHINCLOSS. What was the name of the manager of Castle Point?

Mr. MAISEL. Col. Carrollton Bates.

Mr. HUBER. Did you have any talk there with Colonel Lopez?

Mr. MAISEL. He is not at Castle Point, or was not. I found Colonel Lopez at Lyons, N. J.

Mr. ALLEN. I would like to ask a question about ventilation.

The CHAIRMAN. Did you finish your statement about Castle Point?

Mr. MAISEL. No; I have not. In other words, the food situation is one paramount failure at Castle Point. The overcrowding, which in turn produces the food situation to a large degree, is something that should certainly be cleared up at Castle Point and any other veterans' hospital where it exists and where the possibility for clearing it up exists, and I think the possibilities do exist. There are many devices which can be utilized.

Now, at Castle Point I asked to interview a number of patients without doctors being present. I asked that of the clinical director,

Dr. James Currans, and Dr. Currans took me past a number of wards to one ward where there were four patients. I presume that he took me to a ward that would at least be an average ward, if not some star pupils. I did not select these men at all. He left the room and I showed the men several pieces of paper that were evidence that I had been a war correspondent. I wanted to establish their confidence in me. I then asked them to tell me their story. That is the room that contained Mr. James Collier, and I would like to bring this up because General Hines has gone to great pains—and I will put this in quotes—to refute the evidence presented by Mr. Collier.

Now, remember, gentlemen, I was not allowed access to any hospital records on Mr. Collier.

The CHAIRMAN. Listen, we want you to confine yourself to the testimony and to the facts and to the things that you know. The investigation at this rate will be drawn out interminably. Confine your testimony to the facts and your own information and not to opinions as to what other people said.

Mr. MAISEL. Does counsel intend at some time to bring up this case of James Collier? I would like to bring that up.

Mr. ALLEN. I think that you ought to proceed. I think that we ought to hear the man. Did you talk to James Collier yourself?

Mr. MAISEL. I talked to him myself. I have quoted James Collier in my article.

The CHAIRMAN. At Castle Point?

Mr. MAISEL. At Castle Point.

Mrs. ROGERS. Can we have Mr. Collier come in, or is he ill?

Mr. MAISEL. I do not know what the present status of Mr. Collier is.

Mr. CUNNINGHAM. I think that he has been discharged.

Mr. MAISEL. Mr. Collier told me these things in the presence of three other boys.

Mr. CUNNINGHAM. Could you name the other boys?

Mr. MAISEL. Yes. Stanley Skigen.

Mr. SCRIVENER. In what magazine is the story of Mr. Collier?

Mr. MAISEL. The first one. Stanley Skigen is of Stamford, Conn. Then there was Elbert Horner, of Rochester, N. Y., and Edward MacNamon, of Wilkes-Barre, Pa.

Mr. CUNNINGHAM. Those were the only ones?

Mr. MAISEL. There were four in the room.

Mr. CUNNINGHAM. Was there not a fellow by the name of John Paheel?

Mr. MAISEL. Not at the time that I was there. These men are shifted around at various times. He may have been there at some other time.

Mr. PICKETT. Will you give me the names again?

Mr. MAISEL. Elbert Horner, of Rochester, N. Y.; Stanley Skigen, of Stamford, Conn.; and Edward MacNamon, of Wilkes-Barre, Pa.; and James Collier, of Courtland, N. Y. What Collier told me he told me in the presence of his fellow patients. If you will permit me, I would like to bring out Collier's testimony parallel to the alleged refutation of this, because, to my mind, the refutation actually confesses to most of the irregularities, or incorrect things that Mr. Collier complained about.

Mr. Collier complained that as a bedfast patient he was sent for an operation from this veterans' facility to the Bronx, N. Y. He

said that he was sent by taxi, and General Hines goes to great pains to prove that he was not sent by taxi; he was sent by a station car to the railroad station in Beacon. Of course, what the boy was saying was that he was not sent in an ambulance; that he had to sit up though he was a bedfast patient. I do not know what was in Collier's mind in saying "taxi," but I took it that since he paralleled it with the words "no ambulance," what he meant was that he had to sit up. I do not think that the refutation changes that fact at all, that he had to sit up. He was sent by train unaccompanied to the Bronx.

Mr. ALLEN. How far?

Mr. MAISEL. Seventy-six miles from Beacon to the One Hundred and Twenty-fifth Street Station. General Hines says that the doctors at the hospital are of the opinion that this trip could not have hurt the man, nonetheless, it is common practice in the Army hospitals in sending a man from one place to another to detail at least a Medical Corps man to go with him in case anything happens, and this was a man who had been bedfast for months.

Mr. Collier also claimed that he was made to carry his own baggage, which would not be the thing that you would expect a bedfast man with tuberculosis to do.

Mr. SCRIVNER. May I interrupt to recall the suggestion that Mr. Cunningham made, to confine your testimony to the facts you found and not to some of your observations?

Mr. MAISEL. I have asked permission of the chairman to make this comparison.

The CHAIRMAN. What you have stated is in your article.

Mr. MAISEL. It is in my article, but the Congressional Record has contained General Hines' refutation on that.

The CHAIRMAN. You are not here to argue with General Hines about those things, or to shadow-box with the employees of the Veterans' Administration. Just state what you know. You have already written your article. I presume that it will be made a part of the record. Why take up the time of the committee to go over it?

Mr. SCRIVNER. I was trying to follow his statement together with the one in the article. When he interposed his own opinion it broke the continuity.

Mr. MAISEL. If you suggest that I drop it, I will drop it.

The CHAIRMAN. It is in the article. It will be in the record.

Mr. MAISEL. I am trying to make the comparison to explain what I thought Collier meant, and why I thought what Collier meant is significant. I think that it is significant that a hospital at Castle Point, rated as a chest-surgery center by the Veterans' Administration, was not capable of giving him a chest-surgery operation, and General Hines' explanation of that is that he did not have the proper kind of an anesthetist and that he had to send him to the Bronx. Collier states that when he got to the Bronx they did not know who he was. General Hines points out that the Bronx was notified that he was coming and that the papers had been sent. At another point in General Hines' statement he refers to some document which was evidently, according to his statement, carried by the patient to the hospital. The document seems, from the context of General Hines' statement, to be his identity, his hospital record. No wonder they did not know who he was. Finally, Collier states that while he was in the Bronx

Hospital, and when they discovered that they could not perform this operation on him at the Bronx, they took him off complete bed rest and made him walk to his meals. General Hines says that he was given dining-room privilege, but to my mind, and to any rational person's mind, he was made to walk to his meals. He was not allowed to have his meals at his bed.

The CHAIRMAN. At the Bronx hospital?

Mr. MAISEL. Yes. That is a veterans' hospital. It is a general hospital. It is general medical and surgical.

Finally, after a month or 6 weeks at the Bronx, Collier was sent back to Castle Point and Collier says that he was sent back by the same procedure.

General Hines goes into detail as to the procedure, the station wagon in to the station, and he went to the train, but again the fact is he was unaccompanied on the train and he took the train. I think there are only three conclusions that can be reached, and you can take your choice—either the patient never should have been sent to the Bronx, because he was not ready for an operation, or he should have been operated on in the Bronx, or what is most likely, something happened to him on the way down there.

Mr. CUNNINGHAM. May I interrupt there. Going back to Mr. Scrivner's statement: Did you take a written statement from Mr. Collier?

Mr. MAISEL. No, sir; I took notes.

Mr. CUNNINGHAM. In my investigation of the hospital I talked to a boy. Frankly, 50 percent of what you have said up to date is not corroborated by this boy that I talked to.

Mr. MAISEL. Who is the boy?

Mr. CUNNINGHAM. I will tell you at the proper time. He is not one of the boys that you named.

Mr. MAISEL. There were only four men in the room when I talked to Collier.

Mr. CUNNINGHAM. I talked to a man who was there and he is not among the names that you gave.

Mr. MAISEL. The hospital records will show whether he was or not.

Mr. CUNNINGHAM. I am warning you that in getting to your conclusions you are getting into deep water. I want to point that out to you.

Mr. MAISEL. Thank you, sir.

The CHAIRMAN. Do you not think that we had better take a recess until 1:30?

Mr. KEARNEY. Before you do, I missed a point of Mr. Maisel's testimony. That was this: After Mr. Collier reached the One Hundred and Twenty-fifth Street Station, I missed how you said he got to the Bronx facility.

Mr. MAISEL. Collier told me that he got up by trolley car. According to General Hines, a wagon called for him—a station car called.

Mr. KEARNEY. I talked with Collier also, and a great portion of your statement is the truth. Collier told me that the Bronx facility met him at One Hundred Twenty-fifth Street station with a station wagon.

Mr. MAISEL. I have no doubt that Collier erred in some of his details. Certainly, on certain details I would take General Hines' records in preference to Mr. Collier's statement. What I say is, while

those details may have been wrong, they do not in any way change the basic facts of the story.

Mr. KEARNEY. They do not change the fact that the man was a bed-fast patient and should have been sent there in an ambulance.

Mr. MAISEL. That is the point of it, and my objection to the alleged refutation is quibbling over a lot of details that do not get down to the gist of the point.

The CHAIRMAN. You say that he had been discharged from the hospital.

Mr. KEARNEY. I understood that he was discharged from the hospital and is discharged now.

The CHAIRMAN. For what reason?

Mr. KEARNEY. An arrested case.

The CHAIRMAN. He is able to go home now?

Mr. KEARNEY. That is right.

The CHAIRMAN. How long did that happen before he was able to go home?

Mr. KEARNEY. This was in April 1945 that I talked with him.

Mr. MAISEL. I was sent to the Bronx in February.

The CHAIRMAN. He was able to be up and get around?

Mr. KEARNEY. He was in bed when I saw him, but he was up during part of the day.

Mr. MAISEL. He was operated on 7 months after he was sent to the Bronx. He was operated on at Castle Point.

The CHAIRMAN. For what?

Mr. MAISEL. A three-stage thoracoplasty. One of Collier's comments was that the doctors did not tell him what happened, but the nurses said that he was set back 6 months, and I think there again the statement is confirmed by the fact that he was not operated on until 7 months later.

Mr. GREEN. When was the trip to the Bronx?

Mr. MAISEL. In February or March of 1944.

Mr. DOMENGEAUX. Should a competent and well-operated TB hospital be able to do the operation that Collier's condition required? In other words, why was it necessary for him to leave Castle Point and not have his operation performed there?

Mr. MAISEL. That is exactly the sort of question that I tried to raise by quoting the Collier case.

Mr. DOMENGEAUX. Should a well-regulated—

Mr. MAISEL. In my opinion the implications of the Collier case are that this was not a well-regulated and well-staffed and well-managed hospital. If it was rated as a chest surgery center, why could it not perform chest surgery? It was not well regulated and well managed if it sent its patients who were bedfast in the manner in which it did send Collier, or even in the manner that General Hines admits having sent Collier—

Mr. DOMENGEAUX. And Castle Point is a TB hospital exclusively.

Mr. MAISEL. Exclusively tuberculosis.

Mr. DOMENGEAUX. And that technique was not available to patients there?

Mr. MAISEL. It seems that in Collier's case something was lacking for the operation.

Mr. DOMENGEAUX. Was his condition unique and different? Did it require expert and an unusual type of medical technique?

Mr. MAISEL. As far as the surgery is concerned, the same man, the consultant who diagnosed him and advised the operation at Castle Point, was the man who was going to do the operation at the Bronx. He is a consultant who was brought up from New York City. What was missing seems to have been a certain type of an anesthetist. I cannot understand why a chest surgery center should lack an anesthetist, or why, lacking one, they did not bring the anesthetist up to Castle Point instead of sending the patient to the Bronx.

Mr. DOMENGEAUX. Did you find that situation to be only in Collier's case, or was it general to take patients who were suffering and who required that operation to the Bronx?

Mr. MAISEL. Within my own experience I have come across only the Collier case. I have a number of letters, since I wrote the article, which refer to similar experiences. I would like to have an opportunity to present them in evidence.

Mrs. ROGERS. May I ask a parliamentary question? How long will it be, and when will you bring up the motion for the executive session?

Mr. KEARNEY. After I made my substitute motion, the chairman informed us that we were going to continue all day. I suppose that the executive session would properly come at the close of the day. There is only one question that I have to ask.

Mrs. ROGERS. How much longer are you going to sit this morning?

The CHAIRMAN. I think that we ought to take a recess until 2 o'clock.

Mr. KEARNEY. When you visited Castle Point, was there any shortage of doctors there?

Mr. MAISEL. Definitely; yes.

Mr. KEARNEY. Did Colonel Bates tell you how many were required to complete the authorization so far as his staff was concerned?

Mr. MAISEL. I think he did.

Mr. KEARNEY. Do you recollect that figure?

Mr. MAISEL. If I may refer to my records.

The CHAIRMAN. Would you mind using the recess until 2 o'clock to get that information? We want to ask about those men in charge of those two hospitals.

We will take a recess until 2 o'clock.

(Whereupon, at 12:15 p. m., the committee recessed until 2 p. m.)

AFTER RECESS

(The committee reassembled at 2 p. m., pursuant to recess.)

Mr. ALLEN (presiding). The committee will come to order. When we recessed at noon, Mr. Maisel was on the stand. He will now resume the stand and the inquiry will proceed.

STATEMENT OF ALBERT Q. MAISEL—Resumed

Mr. MAISEL. I believe we were dealing with Castle Point.

Mr. ALLEN. Yes.

Mr. MAISEL. There are a few other points that I would like to make about the Castle Point Hospital.

(Mr. Rankin took the chair.)

Mr. MAISEL. The patients called my attention to the existence of the canteen at Castle Point operated by a private concessionaire, and

a number of the patients pointed out to me their complaints about the canteen. The complaints ran in terms of overcharging, but particularly—they also alleged that the man was also running a horse-betting parlor and similar things, but the particular complaint was that he operated this canteen which prepared food which the patients ate, and which the visitors, the relatives of the patients, ate—because the hospital is about 3 miles from town, you see, and if you come for the day you will have to stay at the hospital and you have to eat at the canteen—that this canteen prepared food without the use of a sterilizer in washing the dishes, and that therefore positive sputum from TB cases, contagious cases, were using dishes which were then passed on with just a rinse or wash to the parents, to nontubercular patients, and to the negative sputum cases.

The canteen was no longer there when I got there. It had just been moved out as a result of the patients' petition. I was taken to the room that canteen had occupied, to see whether fixtures had been torn away, and you could see that there was only one plumbing fixture in the little anteroom where the dishwashing was carried on. There was only one plumbing outfit for a sink. The patients alleged in their petition and to me that there was no sterilizer there.

The patients also felt that they were being punished by the failure to put in another canteen operator, that they are being denied the privileges of the canteen.

The other point at Castle Point was the matter of cashing Government checks. At an isolated hospital such as that, and particularly in view of the condition of the patients, many of whom are on bed rest, it is essential that some facility be available for the cashing of Government checks. Many of the attendants and the hospital personnel also required such facilities. At Castle Point—and I have observed this at other hospitals—it seems to be the general custom in the veterans' hospitals, these checks are not cashed by any Government authority; they are cashed by either a private concession there or, in some cases, the American Legion or other service organizations make arrangements for the cashing to be carried on. The complaints of the patients were not so much to being charged for the cashing of checks but as to being charged extortionate prices. One patient in particular, while I was in this room with Collier and the other three men, one man said he had been charged 35 cents for the cashing of a \$20 check, and another man "blew his top" because he had been charged 65 cents. Again, once the canteen man was moved out, they found great difficulty in cashing their checks, and an arrangement was made for a private person to come in every 2 weeks with a valise full of money to cash the checks.

It seems to me that this is a situation that could be easily corrected; certainly in wartime any patriotic bank in the nearby town would be glad to do the service for the men, either at no charge at all or at a fixed charge. But it is a situation that to my mind is indicative of laxness in the administration and of a sort of callousness, of failure to appreciate the position of these patients, of their helplessness. Certainly the cashing of checks by the concessionaire can lead to all sorts of forced purchases or to the collection of debts and other such things. I mean you can see that such a policy, unless closely supervised, can result in very bad conditions. I have had a number of letters from

patients and from other people in other hospitals referring to that point after I raised it in my article, and I certainly think that that is a situation that could be very quickly cleared up if only by instructing the managers of the various hospitals to make arrangements with the local banks to carry on their check cashing on a reasonable basis.

Specifically on Castle Point I don't think there is anything else, unless you have some questions.

Mrs. ROGERS. Did you go into the question of the rate of interest the banks charge the men when they make them loans?

Mr. MAISEL. No, Mrs. Rogers; I did not. I am aware of the situation, but I was trying to restrict myself—this picture is so broad that I tried to restrict myself to the medical aspects and things that go on in the hospital.

Mrs. ROGERS. I just wanted to find out if you had gone into that.

Mr. MAISEL. I bring up this check cashing thing not as a matter of medical administration, but something that is a reflection of the attitude of the people who are running the hospital. It is not medicine, but certainly it does tend to show the attitude of the people who are running the hospital if they permit even these little "rackets" you might call them, to creep in. They ought to be aware of it and to see that it does not get in.

Mrs. ROGERS. Particularly in the hospitals where men cannot get out and make purchases themselves.

Mr. MAISEL. Certainly.

Mr. ALLEN. Just a question or two about the food in that hospital. You found from your observation there that the food was not in sufficient quantity? Is that right?

Mr. MAISEL. I could not testify as to quantity, because I only saw two meals at the hospital in 1 day. I can only testify as to the quality and the general appearance of the food as I saw it.

Mr. ALLEN. All right, the food you saw seemed to be sufficient for tubercular patients?

Mr. MAISEL. I don't know that I am expert enough to say about that. It did strike me that there was no fresh green food there, and that it was not of a particularly high vitamin content, and that such food as there was, to use a colloquialism, was "cooked to death," which would cook the vitamins out of it. I think that resulted not from any intent in the preparation of the menu but from the condition in these overloaded kitchens. The only thing that could happen would be that food would be cooked to the point where it would not be very appetizing.

Mr. ALLEN. The reason I am asking that question is because one of the complaints I had registered with me, with reference to one particular hospital at least, was that the tubercular patients, some of them perhaps wanted a little more food, a little heavier platter, and I was wondering if you reached the conclusion from what you saw that they could stand a little heavier platter, and some of them probably needed a little heavier platter?

Mr. MAISEL. At Castle Point one of the women patients was a former Army nurse, and for that reason I would be inclined to give credence to her statement on that subject as a professional person. Here testimony was that they had tried to get vitamin supplements and had been told that was nonsense; that they had to get orders

from New York in order to get on there. She also stated—and I don't say this myself—this is second-hand—she said "Men don't die of TB. They starve to death." That might be the extreme statement of a sick person. I don't know. She also cited to me the case of a boy who was too sick to eat his food and nothing was done about it. He was just allowed to go without.

Mr. ALLEN. Would you mind giving us the name of that nurse?

Mr. MAISEL. Yes; I can give you that.

Mr. SCRIVENER. Is that the one you mentioned in the article, Marie Stevens?

Mr. MAISEL. Yes.

Mr. ALLEN. Did any of these patients in this particular hospital tell you that they wanted more food?

Mr. MAISEL. Yes; I can't cite the names.

Mr. ALLEN. I am not asking you that. I am not interested in names particularly.

Mr. MAISEL. It is part of the general comment that there is not enough—

Mr. ALLEN (interposing). I want to know if they wanted more food, if they indicated to you that they wanted more food.

Mr. MAISEL. Yes. One of the patients in the room with Collier, for instance, said "How would you like to have three flapjacks served you for supper, cold as a piece of cardboard, and with no sirup to go on them?" Now, I don't know if the man had flapjacks or not. That was a patient that said that.

Mr. ALLEN. Did you have any objection registered with you by any tubercular patients as to the disparity of food?

Mr. MAISEL. Yes. They said it tends to run to sameness and tends to run to things like stews. As a matter of fact, Colonel Griffith in this letter I was speaking of, spoke of a visit by a member of the Medical Advisory Council, Special Medical Advisory Council, and cited the food there, and the man spoke very highly of the chicken fricasee that was at least 50-percent chicken. I don't know—Mrs. Rogers, are you a cook? Is that the standard for chicken fricasee? It sounds kind of watered down to me.

Mrs. ROGERS. Very much watered down.

Mr. MAISEL. It is at least 50 percent gravy, I take it.

Mrs. ROGERS. It ought to be about 80 percent or more chicken.

Mr. MAISEL. This is cited by Colonel Griffith as an example of how good the food is. Of course, good or bad food is a matter of opinion, but the opinion of patients in all these hospitals is that it is not too good and that it certainly is not improved by the cooking.

Mr. ALLEN. Did any of the tubercular patients tell you that they were satisfied with the food?

Mr. MAISEL. I don't recall any. When you question a man, his tendency is to tell you what he is dissatisfied with.

Mr. ALLEN. That is true.

Mr. MAISEL. Which you make allowances for. I have been long enough with the Army to know how to discount a gripe, but a few of them, particularly the ones I interviewed when the doctors were not around, went out of their way to tell me what was good about the hospital, of course.

Mrs. ROGERS. Mr. Maisel, you asked me as cook if chicken fricasee should be 50-percent chicken?

Mr. MAISEL. I asked you as a woman.

Mrs. ROGERS. If you ask me as a cook I would say it ought to be 98-percent chicken if it is chicken fricasee alone; if it is chicken fricasee with rice I should say it ought to be 80-percent chicken.

Mr. MAISEL. But at least 50-percent chicken leaves the conclusion that it was at least 50 percent other things.

Mr. HUBER. Just so the record may be clear on the testimony of a competent writer on hospital matters, you don't believe any patient has starved to death in any veterans' facility, do you?

Mr. MAISEL. My belief would be a matter of opinion, and I certainly could not prove it.

Mr. HUBER. In this case I would like to have your opinion.

Mr. MAISEL. No; I don't think anyone has starved to death. A lot of people have died that might have been hungry, but I think they died for medical reasons. Certainly the records will show they had other contributory causes.

Mrs. ROGERS. May I ask you this: Is it your opinion that a patient might starve to death—call it that—because of the lack of proper medication and the right kind of food, not willful failure to give the right kind of food, but lack of knowledge, medical knowledge, in giving the patient food?

Mr. MAISEL. You know that the basic treatment for a tubercular case is rest, good food, peace of mind, and in a large proportion of the cases where it can be performed, proper surgery. Now, I know that the patients here are not all getting the amount of bed rest they ought to get. The administration of the hospital at Castle Point in particular is very lax. Patients are walking all over the place. I don't know if they still are. After all, these hospitals have been on notice that you are going to investigate them for many months, and I think by the time you gentlemen came around to the hospitals, things were tightened up a little bit. But I know that when I went through Castle Point, once I got away from Dr. Kierens, I was never questioned by any attendant or anybody else as to who I was, and I wandered all over that place, with and without patients. That is not good administration. I could have been anybody on earth. It was very nice for me as a reporter to be able to get around, but I would feel a lot better about the care of the hospital if somebody was interested in it enough to know who the stranger was. As far as food is concerned, the patients ought to have adequate food, well served, and that would certainly contribute to their peace of mind. I don't think that the kind of hospital where the patients feel compelled to go around stirring up round robins is any evidence of a hospital where peace of mind has been given to them. These boys are worried. They are worried sick, and they are sick men, and the thing that is so important in their minds is the fact that patient after patient who stays there dies. They don't see patients going out cured. That brings me to the point of—

The CHAIRMAN (interposing). Before you get to that point, if the gentleman from Ohio had not interrupted you, you were going to leave that statement in the record wherein you quoted a patient as saying that patients starved to death in the veterans' hospital in the State of New York.

Mr. MAISEL. I very carefully quoted someone else.

The CHAIRMAN. I understand, but if you had not been asked about it you would have left that bare statement in the record, that somebody

had told you that patients starved to death in a veterans' hospital in the State of New York.

Mr. MAISEL. I beg your pardon, sir; I hedged that statement.

The CHAIRMAN. If the gentleman from Ohio had not interrupted you and recalled you, that statement would have stood there as somebody having said that a patient had starved to death in a hospital in the State of New York. That is the kind of stuff that disturbs the public unnecessarily.

Mr. MAISEL. Certainly would if I had said that, but what I said was—turn back and read the record, Mr. Reporter.

(The reporter read the record as follows:)

Mr. MAISEL. As Castle Point one of the women patients was a former Army nurse, and for that reason I would be inclined to give credence to her statement on that subject as a professional person. Her testimony was that they had tried to get vitamin supplements and had been told that was nonsense; that they had to get orders from New York in order to get it on there. She also stated—and I don't say this myself—this is second-hand—she said, "Men don't die of TB. They starve to death." That might be the extreme statement of a sick person. I don't know.

Mr. MAISEL. I hedged that very carefully, Mr. Chairman, because I stated that was what she said. I am glad the Congressman from Ohio called attention to it.

The CHAIRMAN. It interested me, and I am sure it did the gentleman from Ohio, that you quoted somebody as saying that a patient was starved to death in this hospital.

Mr. MAISEL. She intimated that, but I don't accept her testimony very definitely, and I think said that, both before and after I quoted her.

The CHAIRMAN. Is that in your article too?

Mr. MAISEL. No, sir. I would not use evidence of that sort in an article.

The CHAIRMAN. If you had not corrected it, we would have seen that in the headlines of the morning papers.

Mr. MAISEL. I am very glad you brought it up, because I don't want to be in the position of saying things of that sort. There is enough that can be proved here without going into that sort of thing.

Mr. DOMENGEAUX. Mr. Maisel, you stated earlier in your testimony that you didn't consider yourself a food expert, and you could not state of your own knowledge or opinion whether the food was adequate for a tubercular patient, or words to that effect, did you not?

Mr. MAISEL. I imagine so.

Mr. DOMENGEAUX. Well then, how can you justify the statement in your article that the food given in that hospital was not fit—was not the type of food that was sold in a flophouse?

Mr. MAISEL. My statement in the article was that I had seen food served—may we refer back to the statement and get the exact wording?

Mr. DOMENGEAUX. Yes. I want to reconcile the two statements.

Mr. MAISEL. I think they will reconcile. I will find it. It is [reading]:

I have seen desperately sick veterans served food so cold that it would be indignantly rejected at the worst kind of a flophouse.

I was referring to the condition of the food when served. I was referring to the coldness, and I don't think that has any relation to TB or anything else. It is probably a little worse for TB men, but it is

not good hospital practice, and that is the point I am trying to make, and I don't have to be much of a food expert to justify that point.

The CHAIRMAN. Don't you think that is a pretty strong statement?

Mr. MAISEL. Well, Mr. Rankin, you have taken exception to my phrasing on a number of occasions, and that is a matter of opinion.

The CHAIRMAN. I am not talking about your phrasing. What we are doing is trying to find out facts here, and for you to say that this food would have been rejected by a slop house in the Bowery——

Mr. DOMENGEAUX. No; flophouse.

Mr. MAISEL. Somebody pointed out to me later on that they don't serve food in Bowery flophouses.

The CHAIRMAN. I thought you used the words "slophouse," but the word you used sounded just as bad as it could sound to a father and mother who had a son in the hospital anywhere in the United States.

Mr. MAISEL. Mr. Rankin, may I make a statement on that point?

The CHAIRMAN. I wish you would confine yourself to the testimony and let us find out what you found in these hospitals that need to be investigated, because you are taking up the time of the committee here that has a long, hard road ahead of it to finish this work.

Mr. MAISEL. I think I have finished with Castle Point.

Mr. KEARNEY. Have you been back to Castle Point?

Mr. MAISEL. I don't think I would be very welcome there.

Mr. KEARNEY. Well, I went through that hospital, and the question I wanted to ask was if you had been through and noticed any improvement in the food.

Mr. MAISEL. I should think, gentlemen—I don't wish to speak disrespectfully of your visits, but——

Mr. KEARNEY (interposing). You said in your article that there should be improvement all along the line.

Mr. MAISEL. I think that as a result of the general furor that has been raised by my articles and many others that have been published by other people, it would be against human nature if everything didn't tighten up when they knew that Congress was going to come around and look into it, and I think you people ought to discount that in the course of your visits. I am sure most of you do.

The CHAIRMAN. The State of New York has 45 Members in the House and 2 Senators, and I will say to their credit I have never known the Members of the House or Senate to allow any of the servicemen of their State to need for anything, and I am sure that not a year nor any appreciable period of time passes that some of them don't go to those hospitals, and some of them have been there this year. And we are going to hear from them when you get through. In the meantime, if you have anything definite that you can point to us, where there is anything wrong in any of these hospitals that need to be attended to, we would like to have that information. As to your opinions about chicken fricassee, when I was a boy I know something about chicken, although I am not an expert.

Mr. MAISEL. If you will let me get away from specific hospitals to some of the conditions that are general to TB hospitals, I think I can save all of you some time here.

Mr. GREEN. Do they perform chest surgery at Castle Point?

Mr. MAISEL. Yes. In fact, Castle Point is, I believe listed as one of the chest-surgery centers. I can check that, but I believe that is correct.

Mr. GREEN. Do you have any knowledge of the condition of patients after they are released from the Army, that go into veterans' hospitals? What I am trying to find out is if these men are released from the Army too soon. Because, after a fellow is released from the Army, nobody has any jurisdiction over him, and if he enters a veterans' facility he can leave there any time he wants. Nobody can hold him there.

Mr. MAISEL. The only thing I know about that is in a letter I received from a man in an Army hospital. It is hearsay, but if you want it I can give it to you.

The CHAIRMAN. I will say to the gentleman in answer to his question, that he can probably get the answer from the medical authorities of the Army and Navy.

Mr. MAISEL. I would just as soon they would answer it.

Mr. GREEN. Mr. Chairman, in my mind I was wondering whether these fellows that are discharged from the Army before they are cured, there is nothing that can hold them in a veterans' hospital if they want to go out, and in most cases those fellows in a veterans' hospital receive about \$20 a month. I think, and if they walk out of the veterans' hospital they get much more compensation.

Mr. MAISEL. That is the exact point I wanted to make.

Mr. GREEN. In a lot of cases I think they go home with the possibility of spreading infection. I mean that is just my own idea.

The CHAIRMAN. That is single men. These are men with no dependents.

Mr. GREEN. A lot of them may feel that they can take care of themselves much better at home than they can in the Veterans' Administration.

The CHAIRMAN. That is a question of legislation that has been before the committee for the last 20 years.

Mr. ALLEN. You don't mean to imply, do you, that tubercular patients would come out of a hospital in order to get more money?

Mr. GREEN. In some cases I think maybe they would.

Mr. ALLEN. I didn't know that.

Mr. GREEN. I mean if they were getting poor food and these other things, they might walk out. I mean it all comes down to proper treatment and proper food.

Mr. ALLEN. I think that is a very relevant point of inquiry.

Mr. GREEN. I am just wondering if the Army discharges some of these men too soon.

The CHAIRMAN. You were not on the committee last year, Mr. Green, and we had testimony here that they were discharging a good many men that ought to have been kept in Army hospitals awhile, and turning them out onto the Veterans' Administration. But that is a matter for us to consider, along with the Military Affairs Committee when it comes to consider legislation that we hope to get through when we get through this investigation.

Mrs. ROGERS. Mr. Chairman, I suggest that we call General McIntyre to tell us about holding men in the Army hospitals.

The CHAIRMAN. The main kick we had last year was that they turned men loose too quickly. One thing we had here was that they turned men loose and had them sign a statement that they were physically fit when they were not. But we have got that stopped.

Mr. VURSELL. Getting back to the complaint of Mr. Maisel on food in the Castle Point Hospital, from what hospitals I have investigated I have found the dietetic service apparently doing its best to serve warm, wholesome food. Now, is it a fact that if you board at a hotel and you are well, you get tired of that food? Isn't it a fact pretty generally that if you couldn't eat any place else except in one boarding house you would get tired of that food? Now here we have a situation at the Castle Point Hospital that you have described, in which the preparation and the serving of food is in question, and there have been complaints from some of the patients in the hospital. Isn't that a most natural thing, that these sick men with a poor outlook on life, who are compelled to eat at this same place constantly—isn't it natural, I say, that they would generally complain of the food?

Mr. MAISEL. I think it is perfectly natural that you will get complaints. However, I do think that when you have Dr. Griffith's admission that the hospital kitchen was upset and that he had a problem of management over a period of 4 months, and there was then simultaneously the hospital carrying an overload of somewhere between 20 and 25 percent beyond what it was built for, and when you have abolished the decentralized kitchen and centralized your food production, and when you have 400 patients signing a round robin all at once, I think that is pretty good evidence that something has happened to the food beyond the mere dissatisfaction of sick men.

Mr. VURSELL. I think you are probably quite right, but I think when we discussed the food situation in the hospitals, and the complaints, we certainly should take into consideration the fact that one would naturally expect complaints.

Mr. MAISEL. Anyone that comes out of the Army has learned one thing certainly, and that is how to gripe, of course.

Mrs. ROGERS. Mr. Maisel, have you ever talked with the head of the hospital section, Colonel Ijems?

Mr. MAISEL. No; I have not.

Mrs. ROGERS. Why?

Mr. MAISEL. Simply because I have talked to the heads of three groups of hospitals. Then I wanted to get into the hospitals to see for myself.

Mrs. ROGERS. Did you talk to Dr. Griffith?

Mr. MAISEL. Yes.

Mrs. ROGERS. Did you talk to the men in the medical section of the Veterans' Administration?

Mr. MAISEL. No. In fact, it has been made pretty clear to me through all the conversations I have had, that the general opinion is that very many medical decisions recommended by Dr. Griffith or other heads of the Medical Bureau are overruled by laymen.

Mrs. ROGERS. Then laymen run the hospitals, in your opinion?

Mr. MAISEL. In my opinion, yes.

The CHAIRMAN. Whom did you say ran the hospitals?

Mrs. ROGERS. Laymen. I mean the court of appeals, so to speak, is a layman, Colonel Ijems, head of the hospital section. He decides a bed shall be built, or shall be provided, and where.

Mr. MAISEL. Certainly there is a difference between the way the Veterans' Administration runs its hospital chain of command and what you will find in the Army and the Navy or the Public Health Service, where the surgeons general are all physicians.

Mrs. ROGERS. And are allowed to run their hospitals themselves?

Mr. MAISEL. The Surgeon General is a physician. He still, I suppose, takes orders from the Secretary of the Navy or the Secretary of War or Mr. McNutt, but the head, the responsible head, is a physician. In the Veterans' Administration the responsible head is a layman.

Mrs. ROGERS. Do you feel that there should be a Surgeon General for the Veterans' Administration?

Mr. MAISEL. Well, I don't know whether it should be a Surgeon General or not. That is a matter of title, and a very complicated problem, but I certainly feel that a much greater degree of responsibility and control should be in the hands of the medical people.

Mrs. ROGERS. It has been often stated that climate, as a matter of fact, helps these cases. What have you observed along that line?

The CHAIRMAN. Before you get to climate, Mr. Maisel, suppose you concentrate on what you found wrong with these hospitals.

Mr. MAISEL. I would like to. I am trying to answer the questions of the various committee members.

The CHAIRMAN. We want to get information about what you found wrong, so we can move on to it.

Mr. MAISEL. It seems to me that the crux of the whole situation in the TB hospitals is the terrifically high rate of patients who leave before their hospitalization has been completed. Now, there are the figures in the annual report, table 12, and they show something like 58 percent of the patients being discharged with hospitalization incomplete.

The CHAIRMAN. That is all in the record. We can get that ourselves without going down to New York for it, but let us get down to the things you saw and found there to complain about.

Mr. MAISEL. I know you are asking me to state what I think is wrong.

The CHAIRMAN. No, I am not. I am not asking you to state what you think is wrong; I am asking you to point out what you found that was wrong.

Mrs. ROGERS. Have you any statements from the patients that have left TB hospitals, single men, because their compensation was cut?

Mr. MAISEL. Yes, I have.

Mrs. ROGERS. While they were in the veterans' hospital?

Mr. MAISEL. Yes.

Mrs. ROGERS. I thought that was a very cruel provision.

Mr. MAISEL. I have had numerous statements to that effect. When you have a man lying in bed, a single man lying in bed next to a married man, and he knows that the married man is collecting \$115 a month, a totally disabled TB case, and his compensation has been reduced to \$20 a month; one of the first things he says is that that regulation is wrong.

The CHAIRMAN. That is legislation that was passed years ago. We are asking now to find out what is wrong in these hospitals, what misconduct there is. From reading your articles in the papers, in the magazine, people all over this country have got the idea that the veterans are being mistreated, that they were almost butcher shops, as the gentleman on my right said. Now, we want to know what you found.

Mr. MAISEL. I didn't use that phrase.

The CHAIRMAN. No; the gentleman on my right used that.

Mr. GIBSON. I am sorry to say that was the impression I got.

The CHAIRMAN. But we are coming now to legislation. We have plenty of men here, members of the committee, and others, who are interested, and when we get to the legislative program we want you to find out what you found wrong in these hospitals and what misconduct or mistreatment you found.

Mr. MAISEL. You are attempting to limit me to saying that I saw cold food or something like that. Some of these things are very tangible; others are general conditions.

The CHAIRMAN. I think you should be limited to your own knowledge and not what you think about things or what somebody else says.

Mr. MAISEL. My own knowledge on a. m. a. cases——

Mr. ALLEN (interposing). Mr. Chairman, I feel that if 15 percent of the TB patients walk out before they are cured, and against the wishes of the hospital, I think we should be interested in knowing the causes, if we can ascertain them, so we might correct that situation.

Mr. MAISEL. I am trying to get that into the record.

Mr. ALLEN. If this witness knows of any causes, of his own knowledge, I would like to have that information.

The CHAIRMAN. One cause, that was stated this morning, that was not published in the article, was those patients in Minneapolis who left the hospital to go to the nearby Mayo Clinic, I believe it was, where they could get the latest treatment and try to get relief from their condition. But we are going to have the doctors here, men who know about the medical side of this proposition. We are going to have men who have the statistics on the number of men who leave the hospitals, and so forth, but he has made charges here in this article, and one of them is he said that third-class medicine is furnished for first-class men, and the next one "veterans betrayed." I want to know who betrayed them. We have already threshed over the proposition of the third-class medicine for first-class men. Now I want to know what he based that article on to make those serious charges. I am not interested in his opinion about statistics or about the weather around any of these hospitals. We can find that out from other sources.

Mr. ALLEN. I think it is relevant, so, if this witness knows of his own knowledge of any other causes that caused these men to walk out before they were cured of tuberculosis. I think the committee would like to know that.

Mr. MAISEL. I would like to give you just that information if I may get it into the record.

At Sun Mount, N. Y., the manager had discussed with me the a. m. a. situation.

The CHAIRMAN. What do you mean by a. m. a.?

Mr. MAISEL. Against medical advice discharges. In other words, patients who leave with hospitalization incomplete.

The CHAIRMAN. Why do you call it "a. m. a."?

Mr. MAISEL. That is a phrase I picked up from the Administration doctors. It is a phrase that runs all through there. A patient is discharged a. m. a., meaning against medical advice; he is leaving of his own volition before the doctors will say he is ready to leave. Incomplete hospitalization is another term they use to cover the same situation. They also use "a. w. o. l." in a very similar sense. Those are

patients who do not even do the courtesy of signing out the a. m. a. sheet. They merely take leave and don't come back.

At Sun Mount the manager of the facility called me back from a ward I was visiting upstairs because he had a patient who was about to leave a. m. a., and he sent me into the room with the patient, together with the local American Legion representative, and the two of us tried to argue with the man and convince him that he ought to stay. Now, these were the man's reasons for leaving. This is one case that I know about of my own knowledge.

One reason he had was that he lived in Rochester, N. Y., and that Sun Mount was way up in Tupper Lake, and that he was isolated.

Another reason he had was that he had been there for several weeks, that they had given him sputum test after sputum test, and no one could tell him whether he really had TB or did not, or what his condition was.

The third reason was that he was a single man and was going to get \$115 if he went out, and he was going to get only \$20 if he stayed in.

Now, it seems to me that all three of those reasons come down to the fact that there is very poor, or very slight, educational program to teach these men what it is all about. I know that the same opinion is expressed by Colonel Ijams in his report, that they have got to improve their educational program, teach these men what the chances are with TB and why they ought to stay in the hospital.

One of the things that happens, of course, is that these boys in the present war come in and they see the old patients there, men who were in the last war, who had been in and out of the hospitals half a dozen times, and they begin to get the feeling "You will never get cured of TB. You might as well enjoy life while you are here." That is one phrase you will hear from them constantly when they tell you they are going out. I have a letter from Mr. Clevenger here giving the whole statement of why he left A. M. A., and I will give you that for the record if you want it.

Mr. AUCHINCLOSS. We should have that.

Mr. MAISEL. There is a letter of transmittal with it.

The CHAIRMAN. Suppose you give it for the record. If it is put in the record it will properly present matters.

(The letter referred to follows:)

ROCHESTER 7, N. Y., April 27, 1945.

DEAR AL: My sister called today to say that you had written. I had intended writing you some time ago to compliment you on your fearless journalism. You no doubt realize how uneasy you have made many people in Washington. The returning vets and their people owe you a great debt of gratitude whether or not they realize it.

Joe Downey, who has left Castle Point, brought you to my room. You were introduced to Joe by Horner. (The fellow who told you about the check-cashing deal.) I showed you the petition complaining about the food. Perhaps this will give you a better picture of who I am.

Since I have been home I have gained to a point where I am considered cured. This is more than I could dare dream about while there. When I left it seems that a great back-to-the-home movement was started. At least it seems most of the boys who dared speak up have left.

Whenever I have a chance I let people know what goes on inside a vet hospital and will continue to do so until something is done. I read General Hines' complete address to Congress on veteran affairs in answer to your articles. He does not deny any of your specific complaints, but says that he has invited investigation by the veteran organizations. He also cries about the help shortage. Senate document 152 dated 1944, page 142, states that veteran hospitals are second only

to the Army and Navy as to priorities on equipment, supplies, and material; that they have the same priority in civil-service personnel, and that Army and Navy personnel may be detailed upon request to any veteran hospital.

This is an awful mess and rather than expose it some Congressmen insist on hiding facts. An article from last week's D & C was brought to my attention. It was written by Congressman LeFevres. I will enclose the piece.

I will write and send you a play-by-play description of my life at C. P. If there is anything I can do or say to help you I will be happy to do so. I'd like to rub a few noses in the C. P. dirt. That is perhaps the only way to make many of them see the obvious.

Your friend,

TED CLEVINGER.

Upon arrival at Beacon Station, New York, we were to be met by a station wagon from Castle Point. My attendant doctor called the hospital and found that it would be an hour or so before transportation could be furnished. After a while of waiting we hired a cab and paid for a ride to the hospital.

After my discharge was signed I was sent to the reception ward and from a few questions there I was sent back to the main office where for more than 2 hours I was interviewed. It was 3 o'clock before I had my first meal that day. When I entered Castle Point I was considered a 24-hour bed patient and was told that much moving around could be fatal.

After a few days on the reception ward I was moved to Ward E1, a ward reserved mostly for pneumothorax cases. I was put in a bed in a room next to the nurse's office. The room was intended to have three beds in it although there were only two at the time. The one window looked across a courtyard to the kitchen about 40 feet away. From the kitchen we could hear every noise day and night. The room was so shaded that we had only one hour of sunlight in the morning and it was too dark to read without a lamp in the afternoon.

The bed had not been washed in too long a time to guess. It was rusty where the paint had worn off. Once a week the beds were dusted in spots that would show and were easy to reach. The blanket on the bed had not been changed from the patient before me. There were food particles slopped all over it.

I entered that hospital on May 13, 1944, and left on November 12, 1944. In all that time the floor in my room felt water but twice. The men who were to clean the rooms said that cleaning didn't show, so they wouldn't bother with floors. If the patients didn't clean the window bases they stayed dirty.

When I left Fitzsimons Hospital, Denver, I was told by Captain Graham, my ward doctor, to continue the pneumothorax treatment which I had started there. Captain Emma my first ward doctor at Castle Point stopped the treatment after his first examination of my chest. This was very confusing.

After my lung reexpanded fully I was to go along on a bed-rest schedule for a few months to determine whether or not rest was the best treatment. On September 13, 1944, my lung had fully reexpanded. On September 19, less than 6 days later it was decided that I should undergo an operation.

Dr. Emma started to reexpand my lung in May and by September when my lung was up Dr. Emma was gone. I would not venture to say how many doctors came and left in those few months. Each one had a different idea as to what should be done.

I can name four doctors who were in charge of our ward for more than one week each. There were at least four more whose names I either can't remember or spell. The record would prove the point. None of them were there long enough to know the cases.

From late in September until I left in November my condition grew steadily worse as is shown by a report from Dr. Charles Griffith to Congressman George Rogers, of New York. Following a bronchoscopic examination, the report says, "Mr. Clevenger developed a series of upper respiratory infections accompanied by headache, general malaise, and low-grade temperature (101°-102°). Attempts were made to induce Mr. Clevenger to submit to further bronchoscopic examination and treatment preparatory to thoracoplasty, which he refused to accept."

The day I went for the bronchoscopic examination there were two other men sent to the operating room for the examination. It is a very unpleasant experience and the first man to go in the operating room refused to let the doctor complete the job. Neil Porter and I waited outside the open door and listened to the sickening yells of the first man. My mouth and tongue were cut and swollen from the ordeal, and when I explained how they did the job at Castle Point to my surgeon in Rochester he could scarcely believe it.

When I told the doctor that I was sick and running a temperature he wouldn't believe me because it wasn't in the temperature record book. I explained that the temperature elevation occurred in the evening, so he called the charge nurse on the ward, Mrs. Newman, and asked her what time temperatures were taken. He had been there over a month and didn't know yet. When he asked her to have mine taken special at 7 p. m. a great argument started of which the doctor came out on the short end. After a second plea on his part, the nurse must have agreed to comply with his meek request because the job was done. It was then in disgust that I told Dr. Pollard (unsure of spelling) that I was going home to see a doctor.

On November 12, 1944, I left on a pass, and after seeing a TB specialist in Rochester decided upon his recommendation to stay home. I was far too sick to dare the trip back. After 2 months' rest and good food built my health back to a point where I could stand a two-stage thoracoplasty. For 2 more months I was taken care of by a top-notch chest surgeon in the Rochester General Hospital. Regardless of the help shortage the city hospital did excellent work in care of the patients.

In these few months at home with good care and the best of doctors I have regained my health. After exactly 1 year in Federal institutions I could not show the least gain. I have spent \$1,134.60 on hospital and doctor bills. This came from my pocket, every cent of it, but I don't regret buying health. I am as sure as anything that I could not have lived had I stayed there.

I haven't mentioned food. I think that is too obvious to anyone who has taken the trouble to inspect a meal.

I would swear before God and Congress that I have not exaggerated the truth in any statement I have made. In fact I have left out many ordeals that I shall never forget.

THEODORE B. CLEVENGHER.

Mr. KEARNEY. I would like to ask Mr. Maisel with reference to that letter that you read this morning concerning the GI bill; am I correct in the thought that that letter was an indictment against the administration of the bill rather than the bill itself?

Mr. MAISEL. That is not a letter I wrote. That is another man's letter. We would both be analyzing somebody else's writing. He was writing to the editor of a paper, and I think that what the man was trying to say was that the public thinks everything is rosy because we have passed the GI bill, which says everything is going to be fine for the veterans. Really, it isn't so. That is what the man was trying to say.

Mr. SCRIVNER. Might I make this observation. The man was apparently laboring under a misapprehension, because the GI bill has nothing whatever to do with hospitalization or hospital treatment. What he is complaining about, where he refers to the GI bill, relates to the rehabilitation of veterans and is not the result of anything that is stated in the GI bill.

Mr. MAISEL. No; I think, Mr. Scrivner, what he was trying to say was that the general public doesn't know what conditions are like here. They think that since the GI bill was passed the veteran has been taken care of, but they don't know that the tubercular veteran is not properly taken care of.

Mr. SCRIVNER. But the GI bill has nothing to do with that, but he didn't know that.

Mr. MAISEL. Yes, sir.

Mrs. ROGERS. In the GI bill there is a provision put in there by my amendment which provides that the veterans may be hospitalized in contract hospitals. It has to do with hospitalization and care of men who might happen to be tubercular cases.

Mr. HUBER. You draw a comparison between the Army hospitals and the veterans' hospitals?

Mr. MAISEL. I do.

Mr. HUBER. You mentioned this morning about the Army hospitals, that on an average they provided more doctors and better medical care than veterans' hospitals?

Mr. MAISEL. I don't recall all the testimony, but the comparisons I have been making were with State and county hospitals.

Mr. HUBER. My recollection is that you mentioned that the Army hospitals generally had more doctors available for the care of their patients than the veterans' hospitals.

Mr. MAISEL. That is my impression, but there would be a reason for that that might partially justify it; that is, that Army hospitals always have to have more personnel in case the hospital gets a quick load.

Mr. HUBER. Of course, they have advantages that make the Army position a lot more attractive. A doctor likes to serve as a colonel in a hospital. The same with nurses. Nurses serving in veterans' hospitals are serving there without the advantages that the nurses in the Army have, such as pensions, disability pay, uniforms, and so forth.

Mr. MAISEL. That does not apply to the doctors. It does apply to the nurses, because doctors are of draft age, and many of them are now in uniform in the veterans' hospitals on detached service to the veterans' hospitals as Army doctors.

Mr. GIBSON. And they don't like it, those Army doctors.

Mr. MAISEL. No; many of them have complained about it to me.

Mr. KEARNEY. They complain about the transfer?

Mr. MAISEL. They complain about the transfer. For instance, a doctor is paid \$52 a month for his quarters when he is a Veterans' Administration doctor, and he is paid \$102 a month for the same quarters as an Army doctor. The general impression seems to be that the Army is not sending to the Veterans' Administration the men it feels it cannot do without.

The CHAIRMAN. The general impression I get is that the situation has been getting worse.

Mr. GREEN. I know a doctor that came back from Africa and Italy, where he had been wounded twice. He was a very good doctor, but the Army wanted to release him, and they sent him to a veterans' hospital. He was of no further use to the Army, but that didn't detract from his service as a doctor. He was a good doctor, but he didn't like to go to the veterans' hospital.

Mr. MAISEL. The impression you get from the planning officers of veterans' hospitals is that they don't feel the Army has bailed them out quite as much as the bare statistics would show, because the caliber of the personnel they have gotten is, say seven-eighths of a man per man.

Mr. ALLEN. Mr. Maisel, you indicated a few minutes ago that when the new tubercular patients of this war come into a ward and see tubercular patients of the last war who have been there repeatedly, who are still suffering with tuberculosis, it has a distressing effect on these younger fellows.

Mr. MAISEL. Definitely.

Mr. ALLEN. And I can understand that. Would you say, from all of your investigation, that it would be wise to separate the tubercular patients of the second war from those of the first war?

Mr. MAISEL. It would be wise if it were practicable. I don't know whether it is practicable. As long as you congregate all of the tubercu-

lar cases, the majority of them in 13 hospitals, you are pushing the man into a place that is pretty far from his home in many cases. At Sunnount I found patients from as far away as Cleveland. That is one reason they run away. But certainly, if it were practicable—and I think the contract system would solve that whole question—it certainly would be wise with the kind of patients of his own age, and certainly not with the old veteran patients who return and return and return, and who have a very cynical attitude toward hospitals.

Mr. RAYFIEL. This morning you testified that in the tubercular wards of the Minneapolis facility the ratio of patients to doctors was 1 to 75. I don't know whether you testified during the few brief minutes that I was out this morning what the condition was in Castle Point, but I would like to ask you what you thought was a minimum ratio to insure adequate treatment of veterans, that is, the ratio of doctors to patients. I am speaking of TB patients.

Mr. MAISEL. I am not competent to state what is the minimum. I am only competent to go into a good county hospital that is getting a good record of cures and see what they do.

Mr. RAYFIEL. What is the average ratio there?

Mr. MAISEL. In Minneapolis I compared the cure records and AMA records and other such records of the county hospital with Minneapolis, and then I compared the ratio of doctors, and it seemed to me that there was a direct linkage. Where you have a low ratio of doctors to patients, or a high ratio of patients to doctors, as you will, you find that in the same hospital AMA rate, a high death rate, and a low arrested case rate. It seems to me the inevitable conclusion is that there is at least a partial and probably a very significant linkage between the amount of treatment the patient gets and his tendency to stay there and get cured.

Mr. RAYFIEL. Do you have the figures for Castle Point?

Mr. MAISEL. I could dig them up for you, and I dislike to have all these gentlemen wait while I dig up that information. I will be glad to get it and put it in the hands of Mr. Rayfiel.

The CHAIRMAN. Mr. Maisel, you were speaking a while ago about doctors from the Army going to veterans' hospitals. Not all the doctors in the veterans' hospitals are Army doctors?

Mr. MAISEL. No, sir.

The CHAIRMAN. Only those who pass the test required by the Army are commissioned in the Army. The rest of them come from civil service?

Mr. MAISEL. Very few are coming through the civil service nowadays, I understand. Very many of the doctors who wear uniforms are the same men who did not wear a uniform until they were inducted. There is no change in most of those men. They have just been put into uniform and given a set of orders that says they are now on detached services doing what they used to do. I think the actual number is somewhere between 3,500 and 4,500 of the ones that have been drafted into the Army and Navy from active service and sent to the veterans' hospitals.

Mrs. ROGERS. Did any doctors tell you they were afraid to criticize the Veterans' Administration for fear of reprisal?

Mr. MAISEL. No. Incidentally, since I came with letters of introduction from the central office, I made no pledges to any of the doctors

in the hospitals that I would take anything off the record. I refused on several occasions to take things off the record, and in view of such refusal I don't think anybody told me anything that we would be afraid to tell in public—at least consciously. Many of them unconsciously that I don't think they might like to be charged with later on.

Mrs. ROGERS. For fear of reprisal?

Mr. MAISEL. Well, I have had letters from other doctors who are now retired from the veterans' hospitals, referring to reprisals, and I have had many letters from patients and others, but I have had no comment from doctors whom I interviewed on that subject, and certainly they would not enter into the subject. I mean I had no way of getting a commitment pro or con, because I would not take them off the record.

Mrs. ROGERS. Is it not a fact also that bringing information to the attention of the public brings about action?

Mr. MAISEL. I can cite several cases, particularly the case in Wood, Wis., which most of you, I am sure, know about, where the employees made complaints in the form of a petition to Congress, to which they signed their names a few years ago, where they now contend, and the American Legion seems to support them in its report, that the Veteran's Administration sent down to the House and proceeded to photostat the complaint, and then each of them were drilled, evidently back in Wood, Wis., as to why they signed the petition. They make a pretty clear-cut case of intimidation there and reprisal, and the American Legion and the county council of Milwaukee supports them on that. I have the document with me if you want it, but I am sure you are all acquainted with it.

Mrs. ROGERS. Disciplinary action is taken in such cases?

Mr. MAISEL. It was in this case, and you have here many rumors that it is taken in other cases.

Mr. ALLEN. Are you referring to the petition that was presented in the record this morning by 400 people?

Mr. MAISEL. No; I am referring to the case that occurred in Wood, Wis., in 1941, and it has been carried on pretty much ever since. The American Legion investigation of that was on July 14, 1942, and the report of the Milwaukee County council of the American Legion asserts that these people had their petition photostated by the Veterans' Administration, and that as a result of this petition the Veterans' Administration of Washington sent a photostatic copy to the officials of the home, who called the signers in and questioned them one by one as to the circumstances surrounding their signed petition. This interviewing was done by one or the other, William E. Gasner, chief attorney of the home, or Clarence K. Halle, assistant domiciliary officer. Some of the signers refused to testify, saying that they preferred to save their ammunition for an impartial investigation.

Mr. ALLEN. Are these officers still in that hospital?

Mr. MAISEL. I don't know. This is the Legion's statement of July 14, 1942. This is a domiciliary home, and these were protests not by patients but by employees of the home. I do know that a short time ago 145 beneficiaries of that home signed a petition to Congress, a copy of which was sent to me, so it seems that the situation at Wood, Wis., is still somewhat acute. Their petition charged inadequate care and treatment, medical equipment, food and personnel, discrimination, an arrogant attitude by department heads, staff members and

personnel, arbitrary and unjust decisions by the adjudicating board's interpretation of laws and regulations enacted by Congress affecting the rights of veterans of the armed forces of the United States, violation by Veterans' Administration officials of the bill of rights, and so forth and so forth.

Mr. McQUEEN. That is not a TB hospital?

Mr. MAISEL. No; it is a domiciliary barracks for medical care of the men.

I would like to say that at Sunmount, N. Y., I was very much impressed with the attitude of the administrative officers there. The commanding officer of the hospital, who is a physician—

Mr. KEARNEY (interposing). Colonel Winston?

Mr. MAISEL. I can dig up his correct name. I would like to get his name in the record, if I may. I would like to say something good about somebody.

The CHAIRMAN. I was going to say it is about time.

Mr. MAISEL. Lt. Col. Harry Walters, who is the assistant manager, I believe, or clinical director, and—I am sorry, I don't see the other man's name on this list, but Mr. Anonymous—they seemed to me to be trying very hard to reduce the AMA rate. They try to convince the men that they ought to stay. They explained to me that they have great difficulty at Sunmount because of the great isolation of the place. It is a hospital that was built in the Adirondack Mountains back in the days when it was believed that the mountains were a cure for TB. Patients come from three or four hundred miles away, as far as Cleveland, New York, and Philadelphia. You do have complaints there similar to the others. One man showed me his mattress, and he said he had never had anything like that in the Navy. The mattress was exactly an inch and a half thick. Nonetheless, I will say that there seemed to me to be far fewer complaints there than I found at Castle Point or other hospitals, and there did seem to me to be very conscious effort on the part of the administration to give the men the best treatment possible. They took me through a 3-hour session of their weekly clinic which they hold in the X-ray dark room, and they discuss the patient's case with him and explain to the patients why they propose this or that form of treatment, and in general I was very much impressed by it.

Mr. KEARNEY. The officer's name was Col. Harold R. Lipscomb?

Mr. MAISEL. Yes; that is the name.

Mrs. ROGERS. How many of the hospital beds are beds for women patients?

Mr. MAISEL. At Sunmount, N. Y., I went through the wards for women patients. Most of the general hospitals have beds for women patients. I am afraid I am not competent to state as to all of the hospitals.

Mrs. ROGERS. Are they overcrowded with women?

Mr. MAISEL. No; at Sunmount the ward for women patients had, I think, 10 patients and a capacity of 23. I am recalling this from memory. One of the complaints of the women patients was that they were forced, both the positive sputum and the negative sputum cases, to use a single toilet and single shower. In other words, they felt there was danger of contamination. And that came from a Wac and a former nurse.

But in general I don't think the condition of the women patients was significantly different from that of the men, and in respect to crowding, was probably better, much better.

Mr. McQUEEN. Is that all on Sunmount?

Mr. MAISEL. That is all I want to introduce on Sunmount.

Mr. McQUEEN. The next one you named was Northport.

Mr. MAISEL. May I cover Northport in respect to TB when I cover Northport as a mental hospital? Because my principal interest in Northport was as a mental hospital.

There is only one point about the mental hospitals in respect to TB, and that is the statement that was made, I think, by Colonel Walker some time ago in the Medical Congress, which I would like to dig up, in which he said—well, let me get the actual statement.

Mr. McQUEEN. You have nothing in your first article, the March Cosmopolitan, in regard to Northport at all. Is that correct?

Mr. MAISEL. That is right. There is one other point I would like to make, and one thing I would like to introduce in evidence.

I made comparisons in my first article as to the amount of chest surgery that is given to the patients in the Veterans' Administration as compared to the amount of chest surgery that is given to them in the New York State hospital in Glen Lake, and I think the Wisconsin and Minnesota State hospitals. According to the medical text and the medical authorities I consulted, chest surgery is an extremely important improvement in the treatment of tuberculosis in the last 20 years. This was confirmed to me by the physicians and surgeons in the veterans' hospital whom I questioned on this point, yet I happened to have a station letter to all facilities over the signature of Dr. Griffith, covering chest surgery up to September 30, 1942, listing the individual hospitals, the number of patients treated by chest surgery, and the percentage of cases treated by chest surgery, and then the types of chest surgery. I will not repeat the material I gave in my article, but I would like to submit this for the record, because I think it is significant in two respects: (1) The general low percentage of chest surgery as applied to all of these hospitals, and (2) the disproportion between some hospitals and others.

Let me cite an example: In the TB hospitals, the highest ratio of chest surgery was in 26 percent of the cases at Legion, Tex., and the lowest ratio was 6.3 percent of the cases at Outwood, Ky. The percentages in the county and State hospitals that I discussed in my article ran as high, I believe, as 50 percent.

I realize that a certain proportion of the veterans' cases are far advanced and not susceptible to chest surgery, and I therefore carefully isolated in the New York State figure the proportion—the cases who received chest surgery who had been designated as far advanced, and I still got several times as many, or several times as high a proportion getting chest surgery. It seems to me that one of the things this committee ought to investigate, and particularly question the doctors on when they testify is as to the amount of chest surgery now being given and as to its importance to the program, because many of the men complained to me in laymen's terms that nothing was being done for them, and what they meant in most cases was that they are giving them nothing but bed rest, which is, after all, good but not the most modern treatment. And one of the indictments

of the Veterans' Administration, I think, is that it is late in adopting modern treatment, and that when it does adopt such treatment it is not adopted uniformly throughout the system. Many patients are being denied modern treatments which the Veterans' Administration itself admits are good and endorses by adopting them.

Mrs. ROGERS. Mr. Maisel, what do you mean by "chest surgery"?

Mr. MAISEL. They list "chest surgery" as everything from induced pneumo thorax, which constitutes the vast majority of their cases, and which is a relatively simple operation which can be performed in a chair in a doctor's office, although it is a very good thing, through phrenic nerve operation, thoracic plastis, interpleural pneumolysis—there are about a dozen different operations, everything from putting air into a man's lungs to collapsing the lung, which is the induced pneumothorax, to actually cutting the ribs as a means of collapsing the lung, or severing or partially severing the phrenic nerve as a means of inducing rest in the lung. The function of chest surgery, as I understand it, is to provide rest for the injured lung, under which circumstances the TB lesion will tend to heal.

Mrs. ROGERS. Is it true that some patients refuse chest surgery?

Mr. MAISEL. Yes; you will find in that Clevenger letter he states why he refused chest surgery, after hearing the yells and screams of the other men, and why he went and got chest surgery at the County Hospital in Rochester, N. Y., after he left the veterans' hospital a. m. a.

Mrs. ROGERS. Is it not true that they do not perform chest surgery today as they did some years ago?

Mr. MAISEL. No; my impression is to the contrary, that they now do proportionately more chest surgery.

Mrs. ROGERS. But they do not perform as extensive operations, do they?

Mr. MAISEL. I would suggest that you ask the medical people about that.

Mrs. ROGERS. The reason I ask it is because I understood that on account of empyeme those extensive operations are not performed any more, that they were considered very beneficial before the war, but they are not used so much now. Surgery is constantly in a state of flux, and don't you think they should have either young doctors or older doctors that want to try new methods?

Mr. MAISEL. Now you bring up a point as to the training of the doctors. I interviewed Colonel Wolford and asked him specifically as to the training of his doctors. Colonel Wolford spoke of having more TB specialists in the veteran system than in any other group of hospitals in the country, and I asked him the question, "How are these men employed?" and he said, "Well, they don't come to us as specialists. We take them as M. D.'s and they are detached to our hospitals and assigned to us." Of course, some of them are specialists from previous experience, but he says, "We used to give them an indoctrination course of several months." I said, "Do you do that now?" and he said, "No; they have to get indoctrinated in the individual hospitals, because we have discontinued that course on account of the war."

One of the criticisms that is made of the veterans' hospitals, and which I would make, is that the doctors get very little opportunity to

get outside experience, either in postgraduate medical courses or postgraduate medical work. On the other hand, this system, with the greatest mass of clinical material, does not employ interns, does not train interns, and does not have resident physicians, in other words, young physicians achieving their specialized training. Not having those, the reason that has been given to me by most veterans' doctors is that they dare not experiment on the patient, and they view the intern as a man who experiments. If you talk to any outside doctor he will tell you that the function of the intern is to work under the older doctor, and that as he is in operation he learns, and the older doctor learns because he is kept on his toes. I would sincerely recommend that this committee go into that question, because that in itself, that change, I think, would make for great improvement in the veteran system, the induction of interns and residents.

Mr. SCRIVNER. That is the system to which you refer on page 108 of the March issue where you say:

Four months of learning how to handle the paper work makes a man a specialist in the eyes of the head of all the veteran TB hospitals.

Mr. MAISEL. Yes.

Mr. SCRIVNER. You think that is all they get, then, to make them specialists, just 4 months paper work of some kind? Your statement ahead of that doesn't bear that out. That is apparently just your conclusion. Now, what fact did you have upon which you based the conclusion that 4 months' training on paper work made them specialists?

Mr. MAISEL. If you could see the amount of paper work in the veterans' hospitals you would know that a 4 months case labeled "orientation" can't get them very deep into medicine.

Mr. SCRIVNER. In other words, you are stating that the 4 months course orientation consists solely of the handling of paper work in veterans' hospitals? Wouldn't that be the logical conclusion from your statement?

Mr. MAISEL. The impression I very definitely wanted to leave was that 4 months is not enough to make a specialist in TB.

Mr. SCRIVNER. I will probably grant that, but that is not what your statement says. You say 4 months of learning how to handle the paper work makes a man a specialist in the eyes of the Veterans' Administration.

Mr. MAISEL. That is what I understood Colonel Wolford to mean by orientation.

Mr. SCRIVNER. But your facts above that don't bear you out on that.

Mr. MAISEL. Colonel Wolford says:

All we require is an MD and 1-year internship. Then we give him a 4 months orientation course at one of our facilities.

Mr. SCRIVNER. And that gives—at least the inference that I got from what you were saying was that the orientation course consisted only of 4 months of handling paper work.

Mr. MAISEL. That is the impression I got from Colonel Wolford.

Mr. SCRIVNER. Is that a fact, or is that just your impression?

Mr. MAISEL. I couldn't tell, because they had discontinued the course.

The CHAIRMAN. And you leave the impression that you are making

the bold statement in that article, as I understood the gentleman from Kansas—

Mr. SCRIVNER (interposing). That is the impression that I have.

The CHAIRMAN. You are charging that the Veterans' Administration considered that that would make him an expert on that proposition?

Mr. MAISEL. Well, Colonel Wolford says he has more tuberculosis specialists. Now, I would think that a tuberculosis specialist would be a man recognized by the medical profession, a man who had a diploma from one of the medical boards in that work.

The CHAIRMAN. In that article you lead the American people to believe that the Veterans' Administration considers that amount of experience sufficient to make one of these doctors a TB expert. That is the impression that that kind of material makes on the minds of the people whose sons are in these hospitals.

Mr. MAISEL. That is the impression I got from Colonel Wolford, and that was confirmed by what I was able to see in the hospital.

The CHAIRMAN. So that you make that statement largely on your own experience?

Mr. MAISEL. No, sir; largely on Colonel Wolford's statement.

Mr. SCRIVNER. You don't credit that impression or that opinion to Colonel Wooldford. That is your impression.

Mr. MAISEL. The preceding paragraph gives what Colonel Wolford said.

Mr. SCRIVNER. But he didn't say anything in there about 4 months of paper work, did he?

Mr. MAISEL. No; but it is my impression that that is all one could learn in 4 months in veterans hospitals, how to handle the paper work.

Mr. SCRIVNER. In other words, then, you have no facts, no actual facts upon which you base that opinion of yours that the doctors didn't go to a school where they are giving orientation?

Mr. MAISEL. The school has been bombed.

Mr. SCRIVNER. That just makes it all the worse, doesn't it?

Mr. MAISEL. On the contrary, what I am trying to bring out is that all they gave when they did give a course in a school was 4 months to convert an ordinary M. D. into a TB specialist.

Mr. SCRIVNER. Four months of paper work?

Mr. MAISEL. Even if it was not paper work, it was only 4 months.

Mr. SCRIVNER. Four months in some special training in some ward work, though, would be more important and more valuable in the care of veterans than 4 months of doing paper work, wouldn't it?

Mr. MAISEL. The first thing that a man must know who is hired by the Veterans' Administration is how to keep his records, because they demand so many.

Mr. SCRIVNER. Well, they do pretty well on that. Of course, there are a lot of Government organizations that require a lot of paper work, too, but here is the whole situation: What I am trying to bring out is the fact that you have drawn a lot of conclusions for which you have no facts.

Mr. MAISEL. Mr. Scrivner, I think I have had very, very many facts in this article, and have been very much restrained.

Mr. SCRIVNER. But what you quote in here from Colonel Wolford doesn't bear out your conclusion. You quote Colonel Wolford as saying he had more tuberculosis specialists under a single unit than any other outfit in the United States "but how do you select these specialists" I asked. "Well, they come to us as general practitioners," he answered. "All we require is an M. D. and 1-year internship. Then we give them a 4 months' orientation course at one of our facilities." Now, there is nothing in his statement that says the 4 months' orientation course was nothing but paper work.

Mr. MAISEL. That is my conclusion.

The CHAIRMAN. Nor is there anything in his statement which says that makes him an expert.

Mr. MAISEL. A specialist is an expert.

The CHAIRMAN. There is nothing in here to show that this makes him either a specialist or an expert.

Now, if you have got anything else on TB hospitals, let us have it.

Mrs. ROGERS. One question there, Mr. Chairman.

Mr. MAISEL, did you find that they had conferences in the TB hospitals?

Mr. MAISEL. I observed such a conference.

Mrs. ROGERS. During the day regarding the care of patients?

Mr. MAISEL. I observed that conference at Sunmount, and I presume they have them at the other hospitals. That is a common procedure in hospitals.

Mrs. ROGERS. Of your own knowledge?

Mr. MAISEL. Of my own knowledge at Sunmount.

Mr. SCRIVNER. Mr. Chairman, I have a series of questions I would like to ask, if I may, based upon the March article.

The CHAIRMAN. All right.

Mr. SCRIVNER. My first question, Mr. Maisel, is this. On page 36 you make this statement:

I have found doctors so overloaded that they could give the average patient only 7 minutes attention a week.

Then italicized—

Not 7 minutes a day, mind you, 7 minutes a week.

What hospital or hospitals were you referring to where that situation existed?

Mr. MAISEL. I was referring specifically to Dr. Leon Rackow, at Northport.

Mr. SCRIVNER. That has no bearing, then, on this?

Mr. MAISEL. It doesn't apply to TB hospitals. And in the next article—

Mr. SCRIVNER. (interposing). All right; we will get to that. The next statement you make is

I have found nurses so negligent that they didn't even bother to wash their hands after examining one patient with a contagious disease before turning to another.

Where did that exist?

Mr. MAISEL. I observed that at Castle Point.

Mr. SCRIVNER. Do you know who the nurse was?

Mr. MAISEL. No; I do not.

Mr. SCRIVNER. Do you know what ward she was in?

Mr. MAISEL. She was on the floor on which the women's ward is situated. My attention had been called to the situation by this nurse Marie Stevens.

Mr. SCRIVNER. Did she say whether she had made any complaint about the situation?

Mr. MAISEL. She didn't say she had made a complaint about that situation, but she had told me that was the fact, and she said, "Look around for it," and I looked around and saw it.

Mr. SCRIVNER. Did you make any report of that to the hospital there?

Mr. MAISEL. No; the head of the hospital had gone home before I finished my day there.

Mr. SCRIVNER. Did you write him a letter and tell him you had observed, or anything like that, in the hope that the condition might be changed so that those who came thereafter might be benefited?

Mr. MAISEL. My procedure on this throughout has been to gather my material, then submit it en masse.

Mr. SCRIVNER. Here is the next one:

I have found many doctors who could hold no position in any well-run hospital, cynical men who joked to me about their patients' misery.

Where did that take place?

Mr. MAISEL. Now you are asking me to open myself to a suit for libel or something.

Mr. SCRIVNER. Well, is it true?

Mr. MAISEL. It is true.

The CHAIRMAN. Let me say this to you on that question you have raised right there: You are not subject to any suit for libel in prosecution for what you say here.

Mr. MAISEL. Do I have immunity? Do I have the immunity of a witness here?

The CHAIRMAN. You have immunity from attack from the outside for any testimony you give, but you are not immune from answering questions.

Mr. MAISEL. I can cite you an example, then. When I was at Lyons, N. J., I was taken around by the so-called rehabilitation officer, who was showing me the physiotherapy and occupational-therapy rooms. He took me to a room with a sign over the door saying "Physiotherapy." I observed outside that there were seven patients waiting. Three were—this is in a mental hospital—three were old men in wheel chairs. Two others were asleep on the floor, a concrete floor, in their pajamas and bath robes. Two others were crouched against the wall. The general impression was that this was a line waiting for service in a very busy office. Then we opened the door, and there was the physiotherapist giving a treatment, a head treatment to the face of Colonel Lopez, the clinical director of the hospital. Colonel Lopez seemed to me to be very embarrassed when we opened the door, and he said his face had been twitching since last Christmas—this was January 15—and that he felt the heat treatment was going to do him a lot of good, and as much good as the patients were going to get out of their treatment. I submit, gentlemen, that for the clinical director of a hospital of that sort to permit the patients to lie on the floor outside while he himself gets treatment is cynical and callous.

Mr. SCRIVNER. Let us assume for the record that the man was cynical. Now, where did he joke with you about the condition of the patients?

Mr. MAISEL. I think his reference to the treatment doing him as much good as it would do a patient was in the nature of a joke, was intended as such, and not a very good joke.

Mr. SCRIVNER. You did not put in the newspaper article the language on this occasion.

Mr. MAISEL. I certainly would not have wanted to cite that in an article, for various reasons, but it certainly struck me as an extreme instance of callousness, and cynicism toward patients. I think you will agree with me on that.

Mr. SCRIVNER. We are getting down to the facts we have been looking for.

Mr. GIBSON. Then there is the quotation about misery.

Mr. ALLEN. What is that?

Mr. SCRIVNER. (reading):

Cynical man who joked to me about their patients' misery.

Now, from what you have related about Colonel Lopez there is nothing in there about joking about the patients' misery.

Mr. MAISEL. Let me give you another instance.

The CHAIRMAN. Who was that administering the treatment?

Mr. MAISEL. I don't know his name, but he is the officer in charge of that physiotherapy department.

The CHAIRMAN. When was this?

Mr. MAISEL. January 15, 1945.

Mr. SCRIVNER. What hospital was it?

Mr. MAISEL. Lyons, N. J.

Mrs. ROGERS. Is he still there?

Mr. MAISEL. I don't know. I have heard that Mr. M. E. Head, the manager, has been transferred to either Alabama or Mississippi.

Mr. GIBSON. Mr. Head was transferred to Montgomery, Ala.

Mr. MAISEL. I don't know whether Colonel Lopez is still there or not. Let me say that in other respects Colonel Lopez was most co-operative, and I don't know about his medical standing.

Mr. SCRIVNER. Now, your next statement in reference to this was "even sneered at by officials."

Mr. ALLEN. He hasn't located it yet. He has another case.

Mr. SCRIVNER. You have no other case you were going to cite us where men were joking about the infirmities of patients?

Mr. MAISEL. No; I want to cite the cynicism.

Now, about the cynicism. I had lunch there with Mr. Head and Colonel Lopez in the officers' dining room. Then I was introduced to Major Presburg, who is the X-ray officer there and in charge of the electroshock treatments.

The CHAIRMAN. What place was that?

Mr. MAISEL. At Lyons. Major Presburg was in charge of the electroshock treatment which I described in the other article. He says: "I am sorry, Maisel, you weren't down in my department in the morning. I could have shown you how I handle these cases." I said, "Well, I have seen electroshock before. There is no need to show me that. I would like to go over your records with you." He said, "No; I

would like to show you a case. You will see how we handle them." Then he takes me down to his office and sends the attendant who works in the office upstairs to get a patient, and they proceeded in front of me to put the patient through the shock treatment for the sole purpose of demonstrating to me how they do it.

Now, I submit this shock treatment throws the man into convulsions. It is very good for the man, in most cases, and in the long run, but I submit that calling the man down when he is not supposed to be getting the treatments, just for the purpose of demonstrating how neat your technique is, to a correspondent, over the protest of the correspondent, is a cynical attitude toward the patient.

Mr. ALLEN. You protested and tried to get them not to do it?

Mr. MAISEL. I protested. I tried to get them not to do it. I had seen it before, and there was nothing there that would mean anything to me. One thing that impressed me was that the man's technique was not very good.

Mr. ALLEN. Had they been giving this patient these treatments before?

Mr. MAISEL. I presume he was taking a course of treatments.

Mr. GIBSON. You are not in a position to say whether he was scheduled for treatment that day?

Mr. MAISEL. He was scheduled to get this treatment in the mornings there, and he was sorry that I had not been in his section in the morning so I could see the regular demonstration, therefore he went out of his way over my protest to give me a demonstration.

Mr. GIBSON. Did I understand you to say that he knew the treatment was not scheduled?

Mr. MAISEL. Yes; that is why I protested. I said it was not necessary to do that for me, and over my protest he did it.

Mr. SCRIVNER. Now you have another statement [reading]:

I have seen men denied surgery they needed, denied modern treatment that could have cured them, and even sneered at by officials for presuming to ask for these things.

Where did that happen?

Mr. MAISEL. What I meant to refer to there in particular was the fact that certain forms of treatment were not available to the men in these hospitals.

Mr. SCRIVNER. Where did you see some official sneering at some patient for asking for certain surgical treatment?

Mr. MAISEL. I have had that referred to me by the patient.

Mr. SCRIVNER. Now, wait a minute. You said, "I have seen."

Mr. MAISEL. I am sorry I can't cite you an instance of that sort.

Mr. SCRIVNER. And you have no facts, then, on which to base that statement?

Mr. MAISEL. I can't cite you an instance of that sort.

Mr. McQUEEN. Mr. Scrivner, go back to the statement there, "I found many doctors who could hold no position in a well-run hospital."

Mr. GIBSON. Let me ask one question before you get to that.

Mr. Maisel, that being true, will you explain to us why you put it in the article? This is charging a person, a doctor, with a specific act, and you said that you saw it. Now, that is what your article says that went out to the public. Now you say you did not see it. Can you explain that to us?

Mr. MAISEL. I say I can't cite an instance of that sort.

Mr. GIBSON. Well, if you had seen it, you could cite it?

Mr. MAISEL. If I had seen it and taken it down in my notes I could cite it with accuracy, and I prefer not to cite any such instance without accuracy. I do, however, have letters in my possession from patients alleging that.

Mr. GIBSON. Isn't that a different story altogether from you having seen it yourself and giving the country on your honor as a correspondent your statement that you saw it?

Mr. MAISEL. I have seen men who have not been able to get the surgery they needed.

Mr. GIBSON. I am not talking about that.

Mr. DOMENGEAUX. You are not a doctor, and are not qualified to say that.

Mr. MAISEL. Well, they left the hospital and proceeded to get surgery they needed at another hospital.

Mr. DOMENGEAUX. A patient is not qualified to determine the nature of the medical treatment he should have.

Mr. GIBSON. I want to get the witness to answer this question before we leave it. This is a charge that can be taken broadside against all the doctors in the Veterans' Administration, because you didn't name them. Now, just answer my question. Why did you say in there that you had seen that, when you had not seen it?

Mr. MAISEL. What I meant there, sir, was that I had seen men who had not obtained the surgery in the veterans hospital that they needed.

Mr. GIBSON. You dodge the question. I want to be fair with you. I don't want to embarrass you. All I want to know is your reason. You state there that you had seen men sneer at patients for asking for surgery. Now, you admit that you had not seen them. Just what prompted you to put that statement in the article?

Mr. MAISEL. I say that I can't cite specific instances to you. I have seen it.

Mr. GIBSON. Mr. Maisel, if you had seen it——

Mr. MAISEL (interposing). You will have to judge that yourself, sir.

Mr. GIBSON. Have you ever seen that?

Mr. MAISEL. Doctors have taken me around and made sneering comments about the patients after we left the room. They would say "He is a chronic griper," or something of that sort.

Mr. GIBSON. That is not what you said in the article. You said you had seen them sneer at patients who asked for surgical treatment.

Mr. MAISEL. Gentlemen, all I can say is that you can put whatever interpretation you want to on that statement.

Mr. GIBSON. It is not a matter of interpretation. It is a statement of fact that is a fact or is not a fact, one or the other.

Mr. MAISEL. The fact is I have seen it, and the fact is I can't prove it.

The CHAIRMAN. Well, it is a statement that has done irreparable injury, not only to the many patients in the hospitals, but to the parents of these patients and to the people of the country generally.

Mr. MAISEL. I think many people have been worried about these articles, but I think it is a very good thing, because these hospitals are now being cleaned up.

Mr. GIBSON. It is not a good thing to charge a man with a specific act in an article as widely read as that that is not true, is it?

Mr. MAISEL. It is true; but I can't prove it to you.

Mr. GIBSON. You just assume it is true.

Mr. MAISEL. No, sir; it is true, because I saw it.

Mr. SCRIVNER. Where did you see it?

Mr. GIBSON. He just said he did not see it.

Mr. HUBER. He said he did see it or did not see it?

Mr. SCRIVNER. He said both.

Mr. MAISEL. Wait a minute.

Mr. SCRIVNER. I am asking now if he did see it, where did he see it?

Mr. MAISEL. I am sorry I can't cite the hospital from memory.

Mr. RAYFIEL. He said he made no notation of it and can't remember.

Mr. MAISEL. Yes, sir.

Mr. GIBSON. You told Mr. Scrivner that you had not seen it, that you had been told that.

The CHAIRMAN. You said in the article that you had seen it.

Mr. MAISEL. May I have the opportunity to put on the record—

Mr. GIBSON (interposing). Put what on the record?

Mr. SCRIVNER. I have another question, if you please. This first statement [reading]:

I have found many doctors who could hold no position in any well-run hospital.

Who were those doctors, and where?

Mr. MAISEL. That is a matter of opinion.

Mr. SCRIVNER. Well, you have stated it as a matter of fact, not opinion [reading]:

I have found many doctors who could hold no position in any well-run hospital.

That is a statement of fact.

Mr. MAISEL. That is my opinion, and it has been supported by the statements of many physicians.

Mr. SCRIVNER. Where are they and who are they? That is the thing we are trying to find out. If we have incompetent physicians and doctors here we want to get them out.

Mr. MAISEL. I can't name them to you.

Mr. SCRIVNER. Can you tell us where they are?

Mr. MAISEL. I think you will find several at Castle Point.

Mr. SCRIVNER. You have written the statement, you have made the investigation, and we are trying to find out where these incompetent men are.

Mr. MAISEL. I think you will find them at Castle Point.

Mr. HUBER. Are you sure?

Mr. MAISEL. There was one man at Castle Point—

Mr. SCRIVNER (interposing). Who is he?

Mr. MAISEL. Let me finish the sentence, please. There is one man at Castle Point who the nurse, Miss Stevens, explained, stethoscoped the backs of the patients he was afraid of getting TB if he got too close to their mouths.

Mr. SCRIVNER. That is later on.

Mr. MAISEL. To my mind such a man is incompetent to treat TB.

Mr. SCRIVNER. What is his name?

Mr. MAISEL. I believe his name was Frankenthaler. That is not my allegation, although I met the man. It is Miss Stevens'.

Mr. DOMENGEAUX. Yet you made this very positive and strong statement purely upon information and opinion that Miss Stevens gave you.

Mr. MAISEL. Now wait a minute. I quoted Miss Stevens as to a doctor stethoscoping the backs of patients. I made another statement at a very different point in the article, that I had found men who could not hold a position in a well-run hospital.

Mr. ALLEN. Who are those men? We would like to know that.

Mr. MAISEL. Many of them.

Mr. ALLEN. That is a very serious charge.

Mr. DOMENGEAUX. Why did you make that statement?

Mr. MAISEL. Because, in my opinion, on the record of their performance and my observation of these men, they could not hold a position in a well-run hospital.

Mr. GIBSON. Name them.

Mr. MAISEL. No; I won't name them.

Mr. DOMENGEAUX. Were you with any of these doctors for more than 15 minutes at a time?

Mr. MAISEL. Yes, sir.

Mr. DOMENGEAUX. What is the longest period of time you were with any doctors, so that you had no opportunity to observe their technique and their skill?

Mr. MAISEL. Four or 5 hours.

Mr. DOMENGEAUX. One particular doctor?

Mr. MAISEL. Yes.

Mr. DOMENGEAUX. What was the longest period you stayed in any hospital?

Mr. MAISEL. Two days.

Mr. DOMENGEAUX. You devoted 5 hours there to the observation of one doctor?

Mr. MAISEL. Yes. The clinical director would go around with me.

Mr. DOMENGEAUX. Did you have an opportunity to observe his technique in caring for patients?

Mr. MAISEL. I had an opportunity to observe his attitude toward patients, his attitude on the subject, and his explanations of things.

Mr. DOMENGEAUX. What we want to know is whether we can give credence and faith to these things that you have stated. Now, there are many things that I have personally observed in these hospitals on which I am inclined to agree with you, but I think it is dangerous and unfair to make statements that you have made that you cannot back up with any more evidence than what you have just given us, the general statements.

Mr. MAISEL. These general statements are sort of summaries to the reader of the evidence that is brought forth in the text of both articles, and I think that as you go on through the articles you will find that the text is substantiated.

Mr. ALLEN. If there are doctors in the veterans' facilities that are not competent, we want to know that. This committee wants to ferret that thing out and get rid of them. We want the very best of them in these facilities. We would like to know who they are.

Mr. MAISEL. You are not going to ferret them out on my say-so. You are going to ferret them out by having adequate medical examiners go in there and judge these men on their records of performance and on their medical qualifications.

Mr. ALLEN. But you have told the world that they are there.

Mr. MAISEL. In my opinion they are there.

Mr. ALLEN. Who are they? We want to know who they are.

Mr. MAISEL. I can't name any individuals.

Mr. GIBSON. If you associated with them for 5 hours you ought to know who they are.

Mr. SCRIVNER. I want to read you this: These are your words [reading]:

I have found many doctors who could hold no position in any well-run hospital.

Now, where did you find them? Who were they?

Mr. MAISEL. Do you think that a man who would do what I saw Colonel Lopez do could long remain in a well-run hospital? That is one.

Mr. SCRIVNER. Is Colonel Lopez inefficient?

Mr. RAMEY. He just said he was.

The CHAIRMAN. Colonel Lopez, I understood him to say, was taking a treatment, not giving it.

Mr. MAISEL. He was taking a patient's treatment time while the patient lay outside on the floor.

The CHAIRMAN. That is no evidence as to his competency.

Mr. MAISEL. I think that of itself is evidence, because I would not have a doctor treat a patient who had that cynical attitude toward patients.

Mr. HUBER. Were there chairs available for those patients?

Mr. MAISEL. Not in the hall; no, except for the three men in wheel chairs.

Mr. KEARNEY. What were those patients doing?

Mr. MAISEL. They were just sitting around. I think there was an attendant standing there, but I am not sure.

Mr. CUNNINGHAM. Only one patient could be treated at a time in the department?

Mr. MAISEL. My impression is only one patient could be treated at a time, because there was only one doctor in there to treat them.

Mr. CUNNINGHAM. You don't know whether they had come down ahead of time of their own accord or had been sent for and compelled to wait there?

Mr. MAISEL. Well, they were mental patients, and I would imagine they were sent for and conducted down there.

Mr. CUNNINGHAM. But you don't know of your own knowledge?

Mr. MAISEL. No, sir.

Mr. SCRIVNER. Have you any other names of doctors?

The CHAIRMAN. You heard no complaints from the patients themselves?

Mr. MAISEL. These are mental patients there. I would not give any credence to the complaints of a mental patient. When Captain Hoffman took me through the disturbed ward, the so-called acute ward, on one side of the hall there is a dormitory with beds all made up for the day, and on the other side of the hall there are day rooms with a number of chairs, but not sufficient for all the patients in the room, a number of heavy chairs and benches. Many patients were lying on the cold floor there.

The CHAIRMAN. You made a statement just now that I don't want you to forget. You said you would give no credence whatever to the

statements of a mental patient. I just want you to remember that when counsel gets around to some of the things you quoted in the next item.

Mr. SCRIVNER. Now, there is only one name, one doctor's name that you give under that statement.

Mr. MAISEL. I cited two doctors, Dr. Pressburg and Dr. Lopez, and I think both of them would come in that classification. You can judge whether or not they come under that category.

Mr. SCRIVNER. No; I can't because I haven't seen them, observed them. Now, here on page 106 is another statement. After you had stated the Collier case, you said there are dozens of like cases, and here is this statement [reading]:

One doesn't have to hunt for such testimony. Merely enter any ward in any facility and let the patients talk.

Mr. MAISEL. That is true, sir.

Mr. SCRIVNER. That is true in your experience in all the hospitals that you went into? You went into all of the wards, and in all of the wards you found patients like Collier?

Mr. MAISEL. In any ward in which I was allowed to interview the patients without the presence of the physician, the patient immediately entered into complaints. Some of them ran to their medical treatment; some of them ran to the food; some of them ran to the service of the nurses or the attendants or the doctors, or the attitude of the physicians.

Mr. SCRIVNER. When you received those complaints, did you discuss them with the manager of the facility, to see whether there was any basis for them, or suggest to him that these complaints had been made and that there might be some steps taken to remedy them?

Mr. MAISEL. On some occasions I did, and some I didn't. Some I didn't have the opportunity.

The CHAIRMAN. I understood you to say, in response to the gentleman from Kansas, that you could go into any hospital and go into any ward and get the same answers.

Mr. MAISEL. You will find the patients complaining.

The CHAIRMAN. In other words you would find the same conditions that you described here in this Collier case? Now, when you say that, you have covered the 94 veterans' hospitals throughout the United States.

Mr. MAISEL. No; I specifically limit that statement to the hospitals I have visited.

The CHAIRMAN. That is not what you said.

Mr. MAISEL. The whole implication is there, because I previously stated that I had only visited a limited number of hospitals.

Mr. SCRIVNER. Let me repeat this statement. We are thinking now about the public generally having read your articles, and here are the very words again:

"Merely enter any ward in any facility"—and you have got the word "any" italicized—"and let the patients talk."

Now, that means all of the 94 facilities in the United States.

Mr. MAISEL. You may construe it that way. It doesn't mean that to me.

Mr. SCRIVNER. Well, it certainly does to me, and I think it did to the public.

Mr. MAISEL. I came to that conclusion from my own experience. I stated the limit of my experience.

Mr. SCRIVNER. Why didn't you say, then, after having visited—how many veteran's hospitals was it?

Mr. MAISEL. Somewhere near a dozen.

Mr. SCRIVNER. After having visited 12 hospitals you could go into any ward of any one of these 12 hospitals and receive complaints from the patients. Why condemn 94 in a blanket charge when you have only visited 12?

Mr. MAISEL. You are interpreting that as condemning 94, whereas I went to great pains to state that I had not visited all of these hospitals.

Mr. SCRIVNER. But that is not what your statement says. You said you could enter any ward in any facility and find complaints.

Mr. MAISEL. It seems to me, sir, that that is quibbling over words.

Mr. SCRIVNER. No; it is not quibbling. It is a very serious proposition, to me.

Mr. MAISEL. I can't draw that conclusion from reading it.

Mr. SCRIVNER. When I read that it really disturbed me.

The CHAIRMAN. Letters have poured in here from every State in the Union about that.

Mr. MAISEL. Confirming much of this.

The CHAIRMAN. Containing clippings from this magazine article and saying "What in the world does this mean?" And they took it just as the gentleman from Kansas did, that you meant any ward in any veterans' hospital in the United States.

Mr. MAISEL. I would say this, sir, I would go much further today on the basis of letters I have received from hospitals which I have not previously visited, asserting and fairly well documenting similar experiences.

Mr. SCRIVNER. Do those letters come from every ward of every one of the 94 hospitals in the country?

Mr. MAISEL. Obviously not.

Mr. SCRIVNER. You still could not make that same statement, then, as to all hospitals, that blanket statement?

Mr. MAISEL. You are asking a generalization to apply to every individual.

Mr. SCRIVNER. No; you made the general statement, not me. You made the general statement of any ward in any facility.

Mr. MAISEL. It seems as though we mired down in the English language.

Mr. SCRIVNER. I am just trying to find out what facts you had to base your statements on.

Mr. MAISEL. I have told you what I had.

The CHAIRMAN. Why did you italicize that word "any"?

Mr. MAISEL. I didn't italicize it. That is something the editor did.

The CHAIRMAN. The writer always italicizes his own words when he writes an article. I happen to have done some writing myself. I also have been a publisher, and I know those words would not have been italicized if you had not directed it.

Mr. MAISEL. Let us assume that I italicized them.

The CHAIRMAN. You say "any ward in any hospital," and letters poured in here from hospitals where we had had no complaints at all—I mean from areas from which none of these complaints up to that

time had come—letters saying, "What in the world does this mean? Look what this fellow says."

Mr. MAISEL. Didn't letters also pour in stating complaints that would tend to confirm that statement?

The CHAIRMAN. You would be surprised at the letters we have received answering those charges.

Mr. MAISEL. Both ways.

Mr. CUNNINGHAM. I have only visited seven facilities, but I know I talked personally with 500 patients, and every one had a copy of the *Cosmopolitan*, and every man resented your article, saying it was unfair and untrue. They were all patients and they volunteered the statement. There was no doctor, no officer of the hospital with me at any time in any one of the trips.

Now, I have received a lot of letters. You made a very broad statement, and I want to get it cleared up, about letters pouring in. I have had many letters too, and the great majority of them were the other way from what you have received. What we want is to get at the real facts.

Mr. MAISEL. I have some letters here that I would like to submit in evidence.

Mr. CUNNINGHAM. While I am on that subject, Mr. Maisel, I ran across a woman not long ago who was a grandmother. She has lost a grandson in this war. She also has lost a nephew. She has several other grandsons in the war. She had read your article in the *Cosmopolitan*, and she was so mad she could have torn the hospital down brick by brick with her own hands. I told her I would take an extra day and include another hospital, the nearest one to her home, if she would go with me, and she did. I arranged for her to go through alone. She went into the food lockers, into the vegetable room, into the food room, into the garbage disposal, talked to the dietitian, to the assistant dietitian, inspected the food, ate her dinner there, spent 3 or 4 hours talking to the patients from ward to ward, talked to about eight women who visit there regularly to see their sons or husbands. She was all over the place, and when she walked out she volunteered this statement:

The writer of that article ought to be shot.

Now, we are right down to what Mr. Scrivner is getting at. We have the general welfare of America at heart, the general welfare of the veterans at heart. Here is an article that went out all over the country, disturbing morale, upsetting the parents. This committee is interested in getting at the real facts. We are not interested either in your opinions or your conclusion. We want to know what you found actually to base your article on. On my part I want to congratulate you, because you apparently are not putting the freedom of the press above the welfare of the veterans, and that is very commendable. You have gone to the extent of not basing your article on any information you are not willing to disclose to this committee. For that I wish to congratulate you. I think you have been very helpful, but I can see why the members of this committee want to get you down to specific facts if they are to be of any service to the veteran. I think you are more interested in the veterans than you are in writing an article for your own benefit.

Mr. MAISEL. As a matter of fact, I lost money on these articles.

Mr. CUNNINGHAM. I am sorry to hear that.

Mr. MAISEL. It is not a matter of my own benefit.

Mr. CUNNINGHAM. May I ask another question? I have already stated that in each hospital I found in practically every bed a copy of that article in the magazine. That is an expensive magazine. To my mind the veteran did not buy it. Did you furnish it?

Mr. MAISEL. Very definitely not.

Mr. CUNNINGHAM. Do you know whether the magazine publishers furnished those generally to the veterans?

Mr. MAISEL. I don't believe so, but I don't know.

Mr. CUNNINGHAM. Do you have any idea who furnished the money to see that they would read these magazines?

Mr. MAISEL. I believe the men bought it on their own volition.

The CHAIRMAN. But there were extra copies of the articles published and distributed throughout the country.

Mr. CUNNINGHAM. The whole magazine?

The CHAIRMAN. They printed the article on a separate sheet of paper and distributed it to clubs and organizations throughout the country.

Mr. MAISEL. That is a common practice in journalism, to answer the requests for reprints.

The CHAIRMAN. Who paid for that?

Mr. MAISEL. I would presume the Cosmopolitan readers did.

The CHAIRMAN. Do you know?

Mr. MAISEL. No; I don't concern myself with that. I write articles. I am not concerned with the distribution of the magazines. That is something that the writer of the article has nothing to say about.

The CHAIRMAN. You stated that you had written a book, or contracted to write a book, on March 22, 1944, on *The Wounded Come Home*.

Mr. MAISEL. On the rehabilitation of the war wounded.

The CHAIRMAN. I am wondering if there is any connection between advertising this article throughout the country and the forthcoming edition of that book.

Mr. MAISEL. I am afraid, sir, there is none, because the book will be a highly specialized and technical book and will have no general appeal.

Mr. SCRIVNER. I have another statement here, Mr. Maisel, on page 106, on which you are talking about—after you mention Colonel Ijams—"so much for the failure to cure. What about the death rate in these so-called 'hospitals'?" Why was the word "so-called" placed in there?

Mr. MAISEL. Well, there again we are down to that matter of the English language. In my opinion a hospital that achieves the sort of record that the TB hospitals of the Veterans' Administration have achieved by their own figures can well be characterized as "so-called."

Mr. SCRIVNER. Let's go on down a little further.

The CHAIRMAN. How broad was that statement, though?

Mr. SCRIVNER. He says "in these so-called hospitals."

The CHAIRMAN. You call Castle Point, then, a "so-called" hospital?

Mr. MAISEL. Yes, sir.

The CHAIRMAN. You would call the hospital at Minneapolis a "so-called" hospital?

Mr. MAISEL. In respect to TB treatment; yes, sir.

The CHAIRMAN. You would call the one at Sun Mount, New York, a "so-called" hospital?

Mr. MAISEL. In respect to the results achieved; yes, sir.

The CHAIRMAN. And you would call the one that you referred to at Northport, Long Island, a "so-called" hospital?

Mr. MAISEL. Most emphatically.

The CHAIRMAN. So, all the hospitals you went to were "so-called" hospitals?

Mr. MAISEL. That's right, sir.

The CHAIRMAN. And in making that statement you made no distinction, you did not confine that characterization to the ones you visited, but left the impression that it applied to all of them?

Mr. MAISEL. In making that statement I was discussing the rates of cure and the rates of runaway patients, which are the rates that apply to all the TB hospitals of the Veterans' Administration.

The CHAIRMAN. You would designate them as "so-called" hospitals and not as hospitals, but merely "so-called" hospitals?

Mr. MAISEL. In view of the results they achieve, that is the designation I would give them.

The CHAIRMAN. And publish that article, and you knew it was going to every community in America, leaving the impression on the average reader, as it did on the gentleman from Kansas, and did on me, that you were referring to all the veterans' hospitals as "so-called" hospitals?

Mr. MAISEL. I think I have the interest of the veteran, and of his parents and relatives, quite as much at heart as anyone else. I have served abroad with the veterans and I have seen my friends get wounded, and I have wanted to see this situation cleared up. I have confidence that as a result of this and other articles, and as a result of the attention that has been called to this association, this committee will take broad and long steps toward clearing it up, and if I have succeeded in doing that, I think I have gone a long way toward doing a great public service rather than anything that is to be condemned.

The CHAIRMAN. You have gone a long way, I will admit, toward discrediting the greatest system of veterans' hospitals this world ever saw. Now, I will say to you, leaving myself out of it, I want to say to you that the three men who have done the most questioning of you, one of them was an overseas veteran, two of them, in the last war. One of them has lost a son in this war and the other one has just returned from this war disabled, not as a correspondent, but as a disabled soldier. Now, they are interested in these veterans and they are interested in the hospitals.

Mr. MAISEL. I am sure they are.

The CHAIRMAN. And they are questioning you with the interest of these disabled servicemen at heart.

Mr. MAISEL. I only wish we could all agree that we have the best interest of the disabled servicemen at heart and proceed from there, sir.

Mr. CUNNINGHAM. I don't question for one moment your sincerity, but I question your good judgment as to how you went about this, be-

cause I see 15,000,000 soldiers who will eventually be veterans, and all of their relatives, disturbed by your article all out of proportion to the facts you have already disclosed to this committee. And that is a dangerous thing.

Mr. MAISEL. I think that situation could be easily resolved if this committee and the Veterans' Administration simply continue along the line that has been followed in the last 2 months, of cleaning up the situation.

Mr. CUNNINGHAM. The only way I think that it can be alleviated is for you to write an article—do it yourself; you are the one that started it—and let this committee correct the evils that you have done.

Mr. MAISEL. I will pledge you, sir, that I will write such an article, and I think I can pledge both *Cosmopolitan* and *Reader's Digest* to publish it. If the conditions are cleaned up, I will go back into those hospitals, I will view the conditions, and if I find them cleaned up, I think I can pledge both magazines and myself to say so.

The CHAIRMAN. I just want, as chairman, to go on record as not requesting that you go to a single veterans hospital in this country, after reading that article and hearing your testimony. I submit that I prefer to send someone else and have someone else do the writing.

Mr. MAISEL. I am sure the magazines would be glad to send someone else when the hospitals are cleaned up.

Mr. SCRIVNER. The thing, Mr. Maisel, that I am actually interested in as a veteran and a member of the committee is getting the facts upon which you based some of your charges. If you will tell us where they occurred, who did it, and what was done, then when we get a little further along here shortly, we can go to those various places. In other words, we are trying to get back to the horse's mouth, if you understand what I mean.

Mr. MAISEL. I quite appreciate that, Mr. Scrivner. I want to suggest that there seems to be a tendency to not inquire quite as deeply into the general evidence as to the rates of cure and the results obtained by these hospitals.

Mr. SCRIVNER. I haven't gotten to that.

Mr. MAISEL. Which I will very much appreciate your going into.

Mr. SCRIVNER. Let me ask you another question. We go down here a little further. You are talking about 50 percent of those who never complete the treatment, men who go a. w. o. l.—

because they see how few are cured and how many die, the men prefer to go elsewhere for treatment and suffer or die quietly at home.

Are those three the only reasons that men go away?

Mr. MAISEL. I think that covers the vast majority.

Mr. SCRIVNER. Only the three you have named?

Mr. MAISEL. I think that covers the vast majority of the reasons.

Mr. SCRIVNER. How many would you say go AWOL because they would prefer to get the full amount of compensation each month?

Mr. MAISEL. That would be a speculation to answer that.

Mr. SCRIVNER. How many go AWOL because of family conditions?

Mr. MAISEL. I think you might go to Colonel Ijam's study on that.

Mr. SCRIVNER. No; I am taking your statement. You have given only those three reasons. Aren't there other reasons why they go AWOL?

Mr. MAISEL. There are compound reasons. A man doesn't go away solely for one reason, and he doesn't state as one reason very much to anybody. In Colonel Ijam's report, which is a compilation of reports from individual hospitals, he points out that—or other people point out—I don't remember just where in the report—that you can't always accept the man's statement of his reasons for leaving, because he is making his statement at the moment when he wants to leave and wants to get out with the least trouble.

Mr. SCRIVNER. There isn't any way in the world that the Veterans' Administration can keep a man there when he makes up his mind to go.

Mr. MAISEL. The Veterans' Administration and the legislation under which it operates seem to provide a premium on leaving by this monetary system.

Mr. SCRIVNER. In other words, if I am a patient in a hospital and I want to get up and walk out of there tomorrow, there isn't anything they can do to stop me, except possibly in the mental hospitals, where there have been restraints.

Mr. MAISEL. There isn't very much they can do in any other hospital in most States, TB hospitals, so the comparison is fair.

Mr. KEARNEY. Will the gentleman from Kansas yield at this point? In reading your article on these TB hospitals, Mr. Maisel, I was given the impression that the rate of death in the veterans' hospitals was a higher percentage than they were in the county and State hospitals. Is that correct?

Mr. MAISEL. Well, it seems to me—I tried to make the point in the article that the figures in that table 12, which gives the rate of deaths, are essentially the accepted figures. They base the rate on the total number of patients, despite the fact that a very high proportion of the patients are not there long enough to complete the treatment.

Mr. KEARNEY. Is it also true that the veterans' facilities, that is, the TB facilities, have from time to time received patients from State and county hospitals who were veterans and who were the so-called "terminal" cases?

Mr. MAISEL. I have no doubt that is true in any hospital.

Mr. KEARNEY. Can you point out any cases where there was any different procedure?

Mr. MAISEL. I looked very carefully for all reason that might explain the much poorer rate of cure and the much higher rate of deaths as compared with the other hospitals that I used as controls, and frankly, I can't find reasons that pertain to the character of the patients or the character of their disease, although those have been cited by the Veterans' Administration.

Mr. KEARNEY. Do you recall any cases coming from State or county hospitals and placed in a veterans' hospital?

Mr. MAISEL. None were called to my attention, but I have no doubt they exist. I went out of my way to compare not only the New York State hospital rates of cure compared with the Veterans', the rate of arrested improvements, and so on, but it is difficult to compare those cases which come into the New York State hospitals diagnosed as advanced, because the Veterans' Administration and other spokesmen for the Administration have pointed out that you have a relatively high number of cases coming in that are advanced; therefore I was pretty careful to isolate from the New York State figures those who came

in as advanced cases, and even so, you find a significantly higher rate of improvement among those patients.

MR. SCRIVNER. One more question, Mr. Chairman, and then I will be through. Here is another statement of Mr. Maisel's, a general statement, and also that is disturbing to me, and I think it is disturbing to many people throughout the country, on page 108, where you are referring to Dr. Wolford and Dr. Griffith and a few others, and you mention these since synthetic questions [reading]:

There are a few scattered exceptions, but the vast majority of the physicians I have interviewed were tired or cynical men whose only goal seemed to be to finish the day's work and get home.

Who were those doctors and where were they?

MR. MAISEL. That is a general statement.

MR. SCRIVNER. Well, you make it a statement of fact.

MR. MAISEL. I have given specific instances. Dr. Kieran is one, I believe.

MR. SCRIVNER. Where is he located?

MR. MAISEL. He was clinical director at Castle Point, the man who took me to see Jimmie Collier and the others. I came back to his office after I had finished with these men, and I attempted to get from him certain figures to discuss what I had seen during the day with him. He spent about fifteen minutes with me because he was on the way out.

MR. SCRIVNER. What time of day was that?

MR. MAISEL. That was about a quarter to 5.

MR. SCRIVNER. Do you know what time he had reported for work?

MR. MAISEL. No, sir; I don't know. That is one instance.

MR. SCRIVNER. In that case he was not going to take the time to talk to you. Do you know of your own knowledge, from what you observed, whether or not he had taken care of the patients that had been assigned to him during that day?

MR. MAISEL. As clinical director he was not directly taking care of patients.

MR. SCRIVNER. He was either tired or cynical?

MR. MAISEL. He was certainly tired.

MR. GIBSON. That is a sign of hard work, isn't it?

MR. MAISEL. It may be a sign of hard work. It may be a sign of a desire to get home.

MR. SCRIVNER. Can you name any others besides Dr. Kieran? We will classify him as a tired one.

MR. MAISEL. You are asking me to specify, say, as to men. I don't want to do any individual an injustice by making a misstatement.

MR. SCRIVNER. You have done every one of these men an injustice when you say the majority of them that you interviewed were tired and cynical. That is a greater injustice than naming some one man who was not incompetent.

MR. GIBSON. That applies to the minority as well as the majority. It applies to all.

MR. MAISEL. I was careful to say that there are exceptions among those I have interviewed, but most of the men I have interviewed were particularly cynical, let me say, about the service of the veterans' hospitals, about the interference with medicine from the central office.

MR. SCRIVNER. Who was that?

Mr. MAISEL. All of them. That runs through almost every man I interviewed. I think you will find, sir, that most of these doctors when they feel free to talk, will talk of the large volume and the limitations that that volume places upon the doctor's freedom to practice the art that he has learned, medicine.

Mr. SCRIVNER. Now you are getting down to cases. That is what we want to find out.

Mr. MAISEL. You will find—I think you can confirm this—that many of these men will tell you, "We would like to do this," or "We would like to do that, but we can't get the O. K. from the central office," when you ask them about procedures which you have found in common use in other hospitals, and they gradually have become defeated over a number of years on points of that sort. After seeing men transferred frequently they develop a feeling of futility.

Mr. SCRIVNER. In other words, those are conditions upon which you base your general statement here that that vast majority are tired or cynical?

Mr. MAISEL. The statement is my impression after visiting a number of these men.

Mrs. ROGERS. The hospitals are run on civil service, are they not? The doctors go to work and come away on civil-service hours?

Mr. MAISEL. That is my understanding.

Mrs. ROGERS. Do you think hospitals should be run on civil service, the doctor leaving when the bell rings, or before the bell rings?

Mr. MAISEL. I think that any doctor of high standing in his profession will certainly not listen to the bell. He will complete his work, and probably stay well beyond it, and certainly a civil-service system is not in itself at fault. The fault is the administration of that system which places great burdens on the doctors in terms of overloading, and terms of a great deal of paper work and other work not normally preformed by a doctor in a hospital, and in terms of fear of doing the wrong thing and getting called down for it. That tends to make a man play safe.

Mrs. ROGERS. Isn't it true that many of the doctors in the hospitals are rather cynical about the work, feeling that they want to keep somebody from getting something on them, rather than build up and do something constructive?

Mr. MAISEL. The impression I have, which comes from letters from doctors who have since left the veterans' system, and I feel those men feel free to talk, although they may have left for reasons that are not of the best, the impression I get is that these inspections which are performed are inspections usually on advanced notice, and that they serve the function merely of telling the hospital, "You had better brush up because we are going to send a man around to report on how you brushed up."

Mrs. ROGERS. Likely the weekly inspections of the hospital?

Mr. MAISEL. Admiral McIntyre once said to me:

The function of inspection in any military organization is to make them clean the toilets before they get there.

I was pointing out that formal inspections are not the way to secure compliance, and that you have to have other ways of achieving high medical standards. I don't think the formal inspection, as such, does other than create a sort of era of terror through the hospitals, and

makes them put a great deal of attention on such things as the general appearance of a room, rather than the welfare of the patients.

The CHAIRMAN. It is now 4 o'clock.

Mrs. ROGERS. Just one more question. Mr. Maisel, you have had a lot of experience in hospitals and about medicine in hospitals?

Mr. MAISEL. I think I have visited close to 300 Army, Navy, veterans', marine, public, and private hospitals.

Mrs. ROGERS. Do you feel that any layman's visits to a hospital where he spends 4 or 5, or 12, or even 24 hours is of very great value in the care of patients?

Mr. MAISEL. In answer to that question, Do you mean me as a layman?

Mrs. ROGERS. No; I mean you have been in hospitals a great deal, but I mean in general, if you were a layman and went into some hospital.

Mr. MAISEL. I am a layman, Mrs. Rogers.

Mrs. ROGERS. But if you went into a hospital for the first time, without previous knowledge of the way hospitals are run, or the care of patients, would you feel that you were capable of passing an opinion as to whether a hospital was well run or whether the men were getting good care?

Mr. MAISEL. I think I can answer that, and I am very glad you brought it up, because I think it is a very significant point.

Mrs. ROGERS. It is very important in this investigation.

Mr. MAISEL. The average veterans' hospital is a perfectly splendid group of buildings. They are very well built. The lawns are very nice and green and well tended. Most of them look like the First National Bank with a bunch of chrysanthemums in front. Their equipment is very good, although I have seen a lot of equipment, particularly in the occupational and physiotherapy departments, that is not being used. The impression on the layman who is not familiar with hospitals, particularly the layman who is on a restricted tour, visiting certain small sections of the hospitals, is naturally a very good one. He has no focus for comparison. It was precisely for that reason that I made my comparison, letting the veterans suggest the hospitals I should visit, and comparing them with hospitals that are comparable, not private sanitariums, but State and county hospitals that work under the same limitations of Government control, Government pay rolls, Government appropriations, and supervisory committees. I did that as a demonstration, if you would want any, of the attitude of fairness that I have leaned over backward to adopt throughout the preparation of this material.

I tried to compare like with like, although a much worse picture would have been produced if I had gone out and compared something that people would not know how to judge whether it was right or wrong. The fact is that the average layman is not competent to go in and judge a hospital, and certainly the fact is that when you visited these hospitals recently, all of these hospitals were on notice that they were going to be visited.

Mr. HUBER. Following what Mr. Cunningham has said, I feel that fairness compels me to make a little statement here.

After I visited the Brecksville facilities—I mean prior to visiting and before the chairman gave consent for me to go, appointing me

a committee of one, I went through the Brecksville facility accompanied by two members of the Legion and two of the Veterans of Foreign Wars, and we told General Marlin that we had come out to look under the carpet, to see how much dirt we could find, that we were going to from cellar to attic, which we did. Among those patients there we probably knew 8 or 10 personally, men who would have had no hesitancy in letting their hair down and giving us anything they knew personally if this wasn't right or that wasn't right. Now, of course, I agree that as a layman I may not have been too qualified, but at least there was one of those hospitals——

Mr. MAISEL (interposing). You are more qualified than the average layman.

Mr. HUBER. Whether it was referred to in the questioning by Mr. Scrivner I don't know, but certainly Brecksville Hospital was very finely operated, as near as I could see, and that was the opinion of these veterans.

The CHAIRMAN. And they had known of this, that you were coming?

Mr. HUBER. No; this was before the investigation. That is why I brought it up.

Mr. MAISEL. But it was after these articles appeared.

The CHAIRMAN. I want to correct a statement that you put in the record awhile ago, that they had advance notice that these Congressmen were coming. Practically every member of this committee visited veterans' hospitals during vacation, and many of them have done so time and time again, and we are going to hear from them before this is over. I dare say everyone of them will tell you that they went without any advance notice.

Mr. MAISEL. Not individual advance notice, but the day after this article appeared, General Hines sent a letter to all of his hospitals, a copy of which was sent to me by an employee of the Veterans' Administration that didn't sign it, and that letter advised the hospitals that he wanted complete replies to a whole series of questions, and certainly constituted notice to every hospital that this thing was on the docket and that people were going to come around to investigate.

The CHAIRMAN. And I haven't heard a single one of these Congressmen come back and refer to them as "so-called" hospitals.

The committee will have to take a recess until tomorrow morning at 10 o'clock.

Mrs. ROGERS. May I ask if Mr. Maisel is coming out tomorrow?

The CHAIRMAN. Yes; he is to be back at 10 o'clock.

Mrs. ROGERS. When will we hear Mr. Dalton?

The CHAIRMAN. I don't know. We will take that up later.

Mr. CUNNINGHAM. Tomorrow is Memorial Day.

The CHAIRMAN. We will be here at 10 o'clock and stop at 12. Then we might come back at 2 o'clock.

(Whereupon, at 4:15 p. m., the committee adjourned until 10 a. m., Wednesday, May 23, 1945.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

WEDNESDAY, MAY 23, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. On yesterday a letter was read into the record and I have just received one this morning from a woman who has a son in a hospital and also a husband who has been in the hospital. I am going to ask the committee counsel to read this letter to the committee, and I want you to pay strict attention to it, because it concerns the Northport Hospital. I believe that is in Massachusetts, is it not?

STATEMENT OF ALBERT Q. MAISEL—Resumed

Mr. MAISEL. In Long Island.

The CHAIRMAN. We will listen to the reading of this letter now. Give the date and address, Mr. McQueen.

Mr. McQUEEN. This is from 67 Park Avenue, New York, N. Y. [Reading:]

DEAR CONGRESSMAN RANKIN: It pleases me to write you this letter and my hope is that you will deeply consider its contents.

I have read with indignation much of the stuff published in the newspapers concerning the veterans' hospitals and the larger part of it is as absolutely false as anything possibly could be. I hope to prove these statements to you before I am through with this.

First, let me express my gratitude to you, dear Congressman Rankin, for your righteous and honest handling of that outrageous reporter and his false articles, on the veterans' hospitals. But then, that is like you to state your mind in so grand a fashion.

Now, as it happens my son, Robert M. White, has been ill in the veterans' hospital, at Northport, for 8 years, and those wonderful years were added to his span of life by the tender care and expressions of sincere love shown him by the doctors and the nurses at the hospital. I have been allowed to visit him at any time I so desired. There was no dressing up for me and it is like going home. My son is afflicted with sleeping sickness and you no doubt know how horrible that disease is. He cannot use his hands and his feet are almost useless. Surely he has been and is a sore burden to not only his doctors but also his nurses but that doesn't make any difference to those blessed people. Day after day, week after week, and year after year, he has been able to smile and because he has been made happy he has been able to live. I really think

that our boys being happy is far superior to any stupid display of reportorial ego or things. For years I went out every day to see him. I lived near the hospital and held a daily pass. Now, tell me, wouldn't I have come upon unorderly methods in all that time if there had been unorderly methods to find? I think so, and I believe you will also.

Have patience, dear Congressman Rankin, another few minutes. My husband, a veteran, was taken to the Bronx Hospital (81) so ill that we despaired of his ever living. For five long beautiful months he was there and every day I saw him, stayed with him, and often with him in my arms. The care in that hospital kept him happy and alive. They, those veterans, are not regimented, believe me. I know by my own experiences that the veterans are well cared for, that they are kept exquisitely clean and that the food is excellent. I have often been in the hospital at mealtime.

Dear Congressman Rankin, I want to be of service to our sick soldiers. If you need me at the investigation I will come at once. Let me help keep meddling pens and alert, unkind minds from stirring up millions of sorrowing mothers and their sick sons.

Yours, ever to order around,

Sincerely,

GRACE MILLER WHITE.

The CHAIRMAN. I am going to ask Mr. Allen to preside for the time being. I will be back shortly.

Mr. ALLEN (presiding). All right, Mr. Maisel, you may proceed.

Mrs. ROGERS. Mr. Chairman, before we really begin, I would like to bring up a matter that has troubled me, and I think it would Judge Cunningham. I was asked if the woman he spoke of, who said that the writer of the article in the Cosmopolitan ought to be shot—if that woman was Mrs. Cunningham.

Mr. CUNNINGHAM. No.

Mrs. ROGERS. I was sure that it was not, and I thought you would want to correct the record, and I was wondering if you would not be willing to have that stricken from the record, because the woman is not here to say it for herself?

Mr. CUNNINGHAM. What stricken from the record?

Mrs. ROGERS. That some woman said the writer of those articles ought to be shot.

Mr. CUNNINGHAM. No; I just detailed what happened. At first she was ready to tear down the hospital after reading the article, but after spending a day in the hospital she complimented, after a full day there, and said the writer of that article ought to be shot.

Mrs. ROGERS. Do you think she would want that to stand, that the writer of the article should be shot?

Mr. CUNNINGHAM. Certainly there is no confidential relation here. And I am sure she would be glad to come before the committee and say so.

Mrs. ROGERS. I move that it be stricken out.

Mr. ALLEN. I didn't get that, Mrs. Rogers.

Mrs. ROGERS. I make a motion, Mr. Chairman, that that statement be stricken.

Mr. CUNNINGHAM. I haven't any objection. I think she would be delighted to come here. She lost a grandson and a nephew in this war, and she had another grandson in the war. She was very much concerned about the article.

Mrs. ROGERS. Wouldn't she like to testify?

Mr. CUNNINGHAM. I don't know. She might. I don't see why we should strike anything from the record. I was simply telling this man the effect his article had on the parents and the relatives of these people.

Mrs. ROGERS. I think she would be a valuable witness.

Mr. CUNNINGHAM. If she could add anything to what I have told. She would verify it.

Mrs. ROGERS. I move that the judge be instructed to invite her here.

Mr. ALLEN. You have made a motion once already, and it did not receive a second, and the Chair is not in position to entertain it unless it is put in the proper way, properly seconded.

Mrs. ROGERS. Will anyone second it? [No response.]

Mr. ALLEN. I declare the motion lost for want of a second. The witness may proceed.

Mr. McQUEEN. Now, Mr. Maisel, I want to try to correct a few items, if I may, or bring them out, that occurred in the testimony yesterday. You do not want this committee to understand that on your visit to the Minneapolis facility there were only two doctors to take care of all of the TB patients that were there? That was not your purpose, was it?

Mr. MAISEL. On my visit to the Minneapolis facility there were three doctors at the time detailed to the TB service. One of those doctors had arrived and been detailed within the last week, Dr. Burns. For the 6 months prior to the time, according to Dr. Josewich, chief of the service, there had been Dr. Josewich and one assistant detailed to that service. I don't want to imply, and I think I made it clear yesterday, that the other doctors in the general hospital were not available for the treatment of other disease, but these two men were the two men specialized in TB and treating TB.

Mr. McQUEEN. And, of course, the entire staff of the hospital was at the disposal of any man in the TB ward?

Mr. MAISEL. I presume so.

Mr. McQUEEN. And the other hospitals that you spoke of outside of the veterans' hospital, of course, had a full staff because they only had a TB hospital and not a general hospital?

Mr. MAISEL. They had a resident staff of 11 physicians, who I think are in a position comparable to the two in the TB wing, and a consulting staff of Minneapolis physicians specialized in various diseases.

Mr. McQUEEN. Now, was the Minneapolis staff—did they consult with the Veterans' Administration also, the consulting staff? That same service was available to the Veterans' Administration that was available to the county hospital, was it not?

Mr. MAISEL. Consultants are available to both hospitals, and therefore the comparison was made as between 11 available in the county hospital for the direct treatment of tuberculosis and the two available in the veterans' hospital for the direct treatment of tuberculosis.

Mr. McQUEEN. Now, you put in the record yesterday a meal which you saw at the Castle Point hospital. That was on October 5, 1944. Is that correct?

Mr. MAISEL. That is correct.

Mr. McQUEEN. You stated that the meal consisted of a pot of tea, two thin slices of bread, a tiny pat of butter and a thin slice of broken-down—a few thin slices of broken-down stewed peaches, the main course, the beef stew, containing six or seven tiny chunks of greasy meat swimming in fast congealing gravy, all cold as the grave. Did you just notice that served to one man or did you notice that served generally to the patients of that hospital on that date?

Mr. MAISEL. That meal was served while I was being taken to various sections of the hospital by one patient. I made my notes on that particular meal from one particular tray. I observed other trays and they seemed to me to contain the same meal. The particular tray I noted was in the room of this man Clevenger.

Mr. McQUEEN. Was that a special diet or was that the meal for the hospital on that date, or do you know?

Mr. MAISEL. I don't know. It appeared to me to be the same as the meal that was on the other trays.

Mr. McQUEEN. Did you talk to the dietitian at that hospital on that day?

Mr. MAISEL. I was taken earlier in the day through the main kitchen and I was being conducted by, I believe, the clinical director.

Mr. McQUEEN. Did you see the meal being prepared which you wrote about?

Mr. MAISEL. I couldn't see the meal being prepared because it is cooked in large kettles and is spread out all over a kitchen that is about four times the size of this room.

Mr. McQUEEN. Did you see the beef stew being prepared?

Mr. MAISEL. My eyes are not that high, because it was a very big kettle.

Mr. McQUEEN. Do you know that the meals are planned ahead and a record is kept of the meals at veterans' hospitals and most institutional hospitals?

Mr. MAISEL. I know that is the general custom.

Mr. McQUEEN. Did you ask for the meals for that particular week or any time?

Mr. MAISEL. No; I did not.

Mr. McQUEEN. Do you know what meal was served to the patients, generally speaking, that day, other than this meal that you have written about?

Mr. MAISEL. I know what I saw.

Mr. McQUEEN. Was that noon or in the evening?

Mr. MAISEL. That was in the afternoon.

Mr. McQUEEN. What time?

Mr. MAISEL. About 4 o'clock in the afternoon, I would say.

Mr. McQUEEN. Is that considered the main meal, as you have written about here, or is the main meal at noon in the hospital, or near noon?

Mr. MAISEL. I know that Mr. Clevenger pointed out the meal to me and said, "This is one hell of a meal for the main meal of the day."

Mr. McQUEEN. Mr. Chairman, now I would like to read and introduce a letter, or copy of a letter under oath from a patient in Castle Point, N. Y., dated April 2, 1945.

Mr. ALLEN. Very well.

Mr. McQUEEN. Then I want to ask some questions about it. This is a letter written by a patient in Castle Point, N. Y., to a patient in another hospital which I cannot give the name of. I don't know. It is in answer to a postal card. This letter is dated Castle Point, N. Y., April 2, 1945. [Reading:]

CASTLE POINT, N. Y., April 2, 1945.

DEAR BILL: Very happy to have your postal of the 23d and sorry that I could not answer sooner. But I have been sick the past while and have not had gumption to do anything until today.

Had read the article in *Cosmopolitan* and now recopied in *April Digest*. As all articles of its kind, it is written to make good reading. Remember this is an institution and does not function 100 percent. You cannot expect kitchen help and bedpan commandos to think like bank presidents. The nurses staff, of course, get funny ideas from time to time, and we did have a doctor, transferred now, that was so afraid of the bug, that he would not come near his patients. Made diagnosis by remote control. Otherwise we get good treatment all the way around. Some cases are reported that are neglectful, but I do not know of any actual suffering. We were crowded for a while, recently, but not overcrowded. The situation is being relieved some now, because our admissions are not as great. For a while the Army and Navy sent them in here in droves. Even at the worst, I have never experienced meals as bad as he talks about. Got a little plain there for a while, and not very appetizing, but there was a general complaint, and we have been getting lovely meals since.

He talks about discharges and a few arrested cases. I think most of his discharges were a. w. o. l. because those that are discharged from here are either arrested, or if they feel that they can do no more here and if the patient wants to, he can go out on maximum benefits and do as he pleases on the outside. The fellows know they can walk out and in these places at will, and they take advantage of their privileges. And, here, also, they take everything that comes down the line. Many State and county and private places select their patients. I spent 2 years next to the receiving ward. You should see some of the derelicts that arrive. How could our death rate be low, you can't perform any miracles with TB. The men who go a. w. o. l., not because of the lack of attention here, but because they become dissatisfied because of the monotony of the cure. Just lying around doing nothing, month after month, and it goes on for several years, it takes mental control to keep on the beam. Naturally they are feeling pretty good, and they crave a change, and there are a great many walk-outs.

He talks about Castle Point being built for 479 patients. It was built for less than that. But by using luxury space that wasn't too important, they were housing about 479 patients when I came here in 1942. By alterations, begun soon after I arrived (April 1943) they changed the old open wards into rooms, which is nicer, and obtained single rooms on each ward which were needed badly for the real sick, and by eliminating the ward dining rooms and kitchens, they gained 156 beds. We were very sorry to lose the ward dining rooms. It was very pleasant for those who could go. But everyone is on tray now. That is in the infirmary wards, and it was very lousy at first. But after much complaint, it has finally become very decent. Each ward still has a recreation room.

As far as Castle Point is concerned, his remarks about the doctors being over-worked is silly. We kid about them reading detective stories and sleeping, etc. Each ward has a doctor, and there are about 60 on each ward, and every one does not need attention every day. It takes him about an hour to make sick call each a. m., and he has the rest of the day for detail.

I'd like to know what he calls a TB specialist. One of the biggest doctors in the game said, "I can tell you all I know about TB in 5 minutes." We have a couple of doctors that have been at the Point here since its existence in 1924. And our other doctors now as a whole have had a lot of TB experience other places, including the VA, and they seem like a pretty efficient bunch. Of course for the salaries, about \$2,500 to \$5,000, you're not going to get many mental geniuses.

He talks about chest surgery and pneumothorax as if it were just that simple. It has been available here at the Point, all my time, and for all time beforehand. But all are not fitted for those helps. These figures may not fit a. m. a., but they give you a darn good idea, I say, that about 50 percent are fitted for the helps, and about 50 percent of them benefit. His idea of giving everyone a rib job, or air collapse is entirely all wet.

He talks about our old canteen and the check cashing. Yes; it was a little vicious. But that is the reason we fought to get him out. Because he was a poor businessmen and sloppy. We have a beautiful canteen now and a professional check cashier comes each month. Ten cents for checks to \$10, and 15 cents for larger. According to New York State laws now, the check cashier must be licensed and bonded. And there is a maximum rate established.

Yes; there was a petition about the food. Wasn't bad, just good and institutional. Not very appetizing to men laying around all day, not being able to work up an appetite. But it is much better now, the petition did the trick.

He also talked about a boy from here being transferred to 81 (the Bronx) New York City, for treatment. He wasn't met or some other fool thing. The boy forgot to tell him that instead of getting off the train at One Hundred and Twenty-fifth Street, where a conveyance was waiting for him, he and his wife went into Grand Central Station and run around New York for some hours before reporting to 81. The same boy is in surgery now, just finishing a rib job, and is getting along top-notch. He is negative, and will be ready for rehabilitation in another short time.

If only these fellows would get their stories straight, they could do a lot of good. Maybe we can stand a lot of cleaning up. But they always make their articles read in such a way, that they are sensational. And to do that, of course, the truth has to be stretched.

I will be glad to answer any other questions you might have.

Best regards to Mary and the kids, and remember me to all the fellows at the post. Good luck.

JOHN.

P. S.—Just finished supper, and this is what we had to eat today.

Breakfast: Apples, Cream of Wheat, two eggs, toast, butter, and pat of marmalade.

Dinner: Chicken broth, hot beef tongue, cauliflower, baked sweetpotato, cream pudding.

Supper: Celery soup, chicken a la king, mashed potatoes, lettuce salad, canned cherries.

All the milk you can drink, also coffee and tea. They also serve milk and fruit juices at 10 a. m., 3 p. m., and 7 p. m.

The only thing I can't go is the coffee. It gives me indigestion until I can't see straight. Here's a funny one that happened over in the nurses' mess. They ribbed one of the colored attendants about the bad coffee. He said, "I can't understand what can be wrong, we cleaned out the urinals good this morning."

Best wishes,

JOHN.

P. S.—I'll say all I want to finally. But if all the grub was so bad, tell me how some put on up to 60 pounds since they've been here. All gained some weight, who are beating or keeping up with the disease. There are many Castle Point chests, that is where the abdomen has gone in for a career of its own. J.

MR. KEARNEY. I would like to ask where the letter is from.

MR. McQUEEN. It is from John Smythe, Castle Point, N. Y., writing to some buddy of his in another facility.

MR. RAYFIEL. This is in answer to a postal card?

MR. GREEN. It is not signed by John Smythe, is it?

MR. McQUEEN. The certification is that it is from John Smythe.

MR. GREEN. Did you investigate to see if John Smythe was a patient at Castle Point?

MR. McQUEEN. I was told in a telephone conversation before I came in here that he is.

MRS. ROGERS. Are you sure that John Smythe actually wrote the letter?

MR. McQUEEN. There is a certification here that this is a true copy of a letter from John Smythe, a patient at Castle Point. I will be glad to bring him down here.

MRS. ROGERS. He seems to admit that things were bad and then improved on investigation, doesn't he?

MR. McQUEEN. Yes.

MR. RAYFIEL. How did you get the letter?

MR. McQUEEN. It was mailed in to the committee.

MR. RAYFIEL. By whom?

MR. McQUEEN. I don't know.

MRS. ROGERS. Have you the envelope?

MR. McQUEEN. No.

Miss ROWAN (committee clerk). I think I can say this, that the letter came in addressed to Mr. Rankin, and Mr. Rankin inadvertently threw the envelope away, which is a habit of his that I try to keep him from doing, especially in such cases as this, but he does it. But that came in in the morning mail, because it was handed from his desk to mine.

Mrs. ROGERS. Very interesting, but the letter does prove that the hospital has improved.

Mr. KEARNEY. If there is any doubt about the authenticity, we had better have the witness down here.

Mr. ALLEN. I would suggest that if there is any doubt on the part of any member of the committee as to the authenticity of the letter, that counsel contact Mr. Smythe personally, if he can.

Mr. McQUEEN. I will be glad to do that.

Mr. ALLEN. Ask him if he wrote the letter. In other words, if he didn't write it, we don't want it in the record. If he did, I think it should go into the record.

Mrs. ROGERS. I think it is very interesting, because it does point out that the investigations bring about better conditions.

Mr. SCRIVNER. Not necessarily investigations. He says that a petition, as I recall it, was signed some time last summer, and that the conditions did improve after that petition.

Mrs. ROGERS. Of course, investigation naturally followed. That is the way they would investigate.

Mr. VURSELL. When was this petition circulated, Mr. Maisel?

Mr. MAISEL. I answered that in the testimony yesterday, but I believe it was some time in September.

Mr. VURSELL. September of last year?

Mr. MAISEL. September 1944. It was 3 weeks before I went to the hospital, which was October 5.

Mr. VURSELL. You went to the hospital on October 5?

Mr. MAISEL. That's right. I could dig up the actual date if you wish me to.

Mr. VURSELL. That is quite all right. Then, as I understand it, the round robin petition was started in September?

Mr. MAISEL. That is right.

Mr. VURSELL. And you made your investigation in October?

Mr. MAISEL. That's right.

Mr. VURSELL. This man, in his letter, says that the petition did the work, and I think we should not confuse the investigation and give the investigator or the articles that were written credit for improving the situation at the hospital, when undoubtedly we know that a petition of this kind had been circulated, and that that would probably improve the condition in itself.

Mr. GREEN. From the testimony given by the witness, Mr. Maisel, on the particular day he was there the condition still had not been improved.

Mr. McQUEEN. That was the very object of my bringing this in here.

Mr. GREEN. They certainly had not been improved by then.

Mr. MAISEL. May I make a suggestion, Mr. Green? I have quoted Dr. Griffith's letter from memory about the food situation in the kitchen there, about its taking some 4 months to clean up that situa-

tion. I feel sure you will have Dr. Griffith testify sooner or later, and after all, he has all the records on the situation.

Mr. GREEN. Do you have his letter?

Mr. MAISEL. I thought I had it with me, but I don't find it just now. If I can have a few minutes I will look for it.

Mr. VURSELL. The purpose of this committee is to get the facts. There isn't any question but what the publicity, whether it went further than was justified or not, and the simultaneous investigation that was asked for by Mr. Hines of this committee has improved conditions in the hospital. I think this committee ought to take the position that we welcome—and I am sure we all do—any information that the witness can give, and we want to give him full credit for it. We want to give the publication full credit for having been of some help in this matter. But I think this committee ought not to divide itself into pros and cons, but try to find out what the true facts are and give credit where credit is due.

Mrs. ROGERS. Mr. Maisel, do you know Mr. Deutsch?

Mr. MAISEL. The first time I ever met Mr. Deutsch was in this room yesterday morning when he came over and shook hands with me.

Mrs. ROGERS. Then he did not collaborate with you in any way in preparing any articles?

Mr. MAISEL. I never met and never talked with him over the phone, never collaborated with him through any intermediaries.

Mrs. ROGERS. What hospital are you on now?

Mr. McQUEEN. I was going back over some other things from yesterday, Mrs. Rogers.

Mrs. ROGERS. I haven't the marked article, Mr. Maisel. Someone has taken the magazine. Did you speak of any betting at the hospital?

Mr. MAISEL. That is in the April article, and I did speak of them, yes.

Mrs. ROGERS. Have you any witnesses?

Mr. MAISEL. On bettings at Northport? There were bettings alleged by Robert Hegler and admitted in a press release after an investigation by General Hines.

Mr. ALLEN. I didn't get that last statement.

Mr. MAISEL. I say they were admitted in a press release of the Veterans' Administration issued after the investigation by General Hines' investigator, Mr. Volkman. I didn't witness those bettings. My report on that doesn't say I witnessed the bettings.

Mrs. ROGERS. Do you know whether any punishment was given to the man or men who did the betting?

Mr. MAISEL. The information I had is the information given to me by Dr. Lopez, which I reported in my article. I asked Dr. Lopez whether the attendants who were alleged to have performed these beatings and other acts, and who were found to have done so in the investigation, had been dismissed, as the instructions to hospital attendants of the Veterans' Administration facilities say they will be dismissed. Dr. Lopez replied that two or three men had been permitted to resign. I asked him whether the doctor in charge of the acute service, where these conditions existed, had been dismissed. He said, "No; he is slated to be transferred, but he has not yet been transferred, and we have put him on a different service in this hospital."

Mrs. ROGERS. I would point also to the fact that more attendants

are needed, more nurses. Better treatment can be given to patients when there are more nurses.

Mr. MAISEL. I think a large part of the abuses which have occurred at this and other hospitals are due to the low training of the attendants. In fact, General Hines, in his press release, or the Veterans' Administration in its press release, offers that as one of the reasons, the lack of training of attendants, and particularly psychiatric nurses, or nurses with psychiatric experience who know how to handle a patient without beating him, but when you take an attendant whom you are paying \$1,500 or \$1,600 a year in times like these, and bring a man in without any training, or with very little training, and that given on the ward while he is in contact with patients, and when in addition you have a shortage of attendants and have not managed to clean up that shortage, I think it is logical and follows that such abuses will occur.

One thing that has struck me is that there are a number of charges of similar beatings, and some very severe charges, which I would like to give the committee in executive session, because I would not like to have Mr. Rankin accuse me of shocking the world by broadcasting unjustified charges, which go much further than mere beatings. And these date back not to 1944 and 1945, but to 1942 and 1941; in other words, to the years when the excuse of a shortage of help due to the war would not apply, and when the excuse of lacking of training would not apply. To my mind, that would indicate that there is something else besides this excuse, and that something is an attitude and an administrative failure.

Mr. McQUEEN. That is your opinion.

Mrs. ROGERS. I think you will find that they had difficulty in prior times in some of the hospitals in that regard. They have had difficulty in securing trained attendants for this type of cases in the past.

Mr. MAISEL. I have been in other psychiatric hospitals and seen violent cases handled under approved methods by attendants without injury to the man. Very often a little sympathy can quiet a man, but even when a man is wild and berserk, there are approved methods, such as jujitsu, that will hold the man down until you can quiet him one way or another without hurting him.

Mrs. ROGERS. You did not visit Bedford, Mass., did you?

Mr. MAISEL. No; I did not.

Mrs. ROGERS. If you had gone there you would have seen Dr. Adams with the most disturbed cases, such as a very deaf patient coming very close to him to make him hear, and I have never seen Dr. Adams turn away from a patient and have never seen a patient try to strike him or seen him draw away.

Mr. MAISEL. Some of these cases are very responsive, more so, I think, than normal people, to sympathy.

Mrs. ROGERS. I think, Mr. Maisel, if General Hines told the other Cabinet members of the need for personnel and how important it is in the care of these poor, sick men, I feel very sure they would get personnel.

Mr. MAISEL. I don't know whether the solution is in the Department or not, Mrs. Rogers, but I know some solution has to be found.

Mrs. ROGERS. You don't think you would get the power any other way to get the personnel?

Mr. MAISEL. I am certain that some form of organization which will give the medical men an opportunity to practice medicine without lay interference of the sort they are now getting in the Veterans' Administration will lead to a great improvement, and I think the guide for that is the organization of the Army, the Navy, and the Public Health Service.

Mrs. ROGERS. I remember in the days when the Public Health—perhaps you do, too—took care of the veterans, and it didn't work out so very well. I think the veterans should have their own service independent of any other, don't you?

Mr. MAISEL. I don't remember back that far, Mrs. Rogers.

Mrs. ROGERS. You are too young.

Mr. GILSON. I move that we proceed in the regular order.

Mr. ALLEN. I think, Mr. Maisel, that the Chair should state here at this time—I don't think it is the attitude of the committee to suppress or to take any of this testimony in executive session, and I therefore suggest that, so far as I am concerned, so far as the present occupant of the chair is concerned—and I think the entire committee will agree with that—that if you have information about beatings that this committee ought to have, we want that information and I would like for it to be brought out in the open. We certainly don't want to suppress anything at all.

Mr. MAISEL. Mr. Allen, I would be glad to do so, but you understand why I expressed the willingness to go into executive session here, because Mr. Rankin and others have implied that what I did in writing about this instead of coming privately to the committee was something wrong and heinous, and I don't want to commit a second crime in Mr. Rankin's eyes. I appreciate your putting it in the open.

Mr. ALLEN. I think it is fair to say that Mr. Rankin, chairman of the committee, has never done or said one thing that I know of that in any way would indicate that he wanted to suppress any information at all, and I therefore think that we ought to have this information about the beatings, if you have the information.

Mr. MAISEL. I would very much like to put it in the record right now.

Mr. ALLEN. What is the attitude of the committee on that?

Mr. KEARNEY. Mr. Chairman, I thoroughly agree with the gentleman who is now in the chair, and I would like to hear these stories in open session. Furthermore, I would like to hear if these men are still on the pay roll.

Mr. ALLEN. That is certainly a relevant matter. What is the attitude of the committee?

Mr. PICKETT. I think the attitude of the committee is that we hear it now.

Mr. ALLEN. I think so, too.

Mr. MAISEL. Mr. Chairman, I want to make it clear that these are not beatings I have seen. This evidence is in the form of letters, affidavits, newspaper records.

Mrs. ROGERS. Can you put the affidavits in the record?

Mr. MAISEL. I can put all this material in the record.

Mr. GIBSON. If he has not seen the beatings, then if he can give the names of the parties who are accused of doing the beatings, you should give us that information so we can run it down. If it is a general charge without naming individuals, I think it would be highly improper to put it in the record.

Mr. VURSELL. Furthermore, Mr. Chairman, these letters that he now proposes to produce for the record, do they come from mental patients?

Mr. MAISEL. None of them come from mental patients. Some of them are from relatives of mental patients. One of them is a newspaper report of a conviction in an assault case.

Mr. RAMEY. Is that the Chillicothe case?

Mr. MAISEL. Yes.

Mr. GIBSON. I am not in favor of the letters going into the record as evidence, but I would not mind submitting them to the counsel, so those parties can come here and testify. But just to put letters wholesale into the record is highly improper from any standpoint of legal procedure, because they are not sworn to, they are not evidence. We don't even know whether the parties exist or not.

Mr. RAMEY. Mr. Chairman, I have one motion to make. The motion has been made and I have not talked, and I have obeyed the rules. We adopted a motion here that after the witness testified he was then to be examined by our attorney, and he was to have a free hand until he was through, and no member of the committee should butt in. Then we are each to have 10 minutes to ask the witness questions after that is over. I don't think the attorney is being treated right here by any of us butting in when he is examining the witness. That was a motion we adopted, as you remember, that the regular order was that after the witness testified, then the attorney should ask questions. He was selected for that purpose. Then the chairman would take 10 minutes, and then the ranking members on down to the tail end, and I have obeyed that rule and kept still. Otherwise it would be like a police court where there is no order. We are butting in here, and that is the reason it is taking so much time. I insist on the regular order.

Mr. ALLEN. The regular order has been called for. Counsel will proceed.

Mr. McQUEEN. Mr. Maisel, I want to ask you about Mrs. Rogers' inquiry if you had known Mr. Deutsch. Do you know Mr. Joe Smith or Jack Clemens, of New York City?

Mr. MAISEL. I have met both Mr. Clemens and Mr. Smith.

Mr. McQUEEN. Where did you meet them?

Mr. MAISEL. Mr. Clemens is—I don't know his exact title, but he is a publicity man for the Hearst magazine. Mr. Smith is his assistant.

Mr. McQUEEN. Now, in writing these articles were you employed to write these articles or were they submitted by you to a publisher?

Mr. MAISEL. I am glad you asked me that. I would like to get that into the record. As I said yesterday, I had started to visit these hospitals for the purpose of gathering material for a book or rehabilitation. When I discovered the situation in these hospitals I went to Mr. Mark Rose, who is editor of the Reader's Digest, and told him about them. Mr. Rose arranged with the other editors of the Reader's Digest that I be paid \$1,000 and expenses to conduct a 1 month's inquiry and that I then report back to the Reader's Digest. When I reported back to the Reader's Digest they were convinced on the

basis of my 1 month's inquiry that we should proceed with a much deeper investigation and should publish an article in the Reader's Digest. At that time I suggested to Mr. Rose that, since I write frequently for Cosmopolitan, if they had any intention of having the article printed elsewhere, I would prefer that Cosmopolitan be called into the picture at this time. Miss Frances White, of Cosmopolitan, the editor, was then called into the picture. I saw her and showed her my report, and she agreed to buy two articles, the two that were published.

During all of this period I was not working as an employee of anybody. I was on that retainer from the Reader's Digest, and I am a free lance writer, who is doing my own surveying. I did not meet Mr. Clemens until after the articles were published and had no contact with him prior to that.

Mr. McQUEEN. Did you sign afterward a contract with Cosmopolitan for these articles or series of articles?

Mr. MAISEL. We don't sign contracts.

Mr. McQUEEN. Did you have an agreement with the Cosmopolitan magazine staff for the writing of these articles?

Mr. MAISEL. Yes; I believe there is some form of formal order sent by Cosmopolitan to my literary agent ordering these two articles.

Mr. McQUEEN. Who is your literary agent?

Mr. MAISEL. Miss Frances Tinzuk, of the office of Leland Hayworth, Inc.

Mr. McQUEEN. And that is what address?

Mr. MAISEL. 444 Madison Avenue, New York City.

Mr. McQUEEN. Then you prepared these articles?

Mr. MAISEL. An informal order, by the way, just filled out on a form, as I understand it.

Mr. McQUEEN. And you prepared these articles after the time that you had had your original contact with the Reader's Digest?

Mr. MAISEL. Oh, yes. I have been in contact with Reader's Digest for years.

Mr. McQUEEN. And would you mind stating for the record here what you were paid by the Cosmopolitan for the two articles which have been published to date?

Mr. MAISEL. Yes. I was paid \$2,500 for those two articles.

Mr. McQUEEN. For the two of them?

Mr. MAISEL. For the two of them.

Mr. McQUEEN. And in addition to that you were paid by Reader's Digest on an expense basis plus \$1,000?

Mr. MAISEL. No; I was paid \$1,000 which applied against my fee for the articles. I was paid \$2,500 for one article, the first, and \$1,800 additional for the second one which the Digest published, the \$1,000 being part of that first \$2,500.

Mr. McQUEEN. You were paid, then, not \$2,500 but you were paid \$4,300?

Mr. MAISEL. That is right. I was also paid some three-hundred-odd dollars—I don't remember the exact sum—for expenses.

Mr. McQUEEN. And that was paid by Literary Digest?

Mr. MAISEL. That was paid by the Reader's Digest.

Mr. McQUEEN. Did you make arrangements or did you have anything to do with the publicity of these articles when they came out?

Mr. MAISEL. I had nothing to do with the publicity of these articles except as follows: When the advertisement was prepared which Cosmopolitan published, Mr. Paul McNamara of Cosmopolitan—

Mr. McQUEEN (interposing). Mr. Chairman, what does this have to do with what we are trying to find out?

Mr. ALLEN. About his salary? Well, frankly, I don't see the relevancy of it, Mr. Counsel. It may be relevant, but I don't see the relevancy of it.

Mr. GIBSON. The witness volunteered it. You remember you were asking him about Mr. Smith and Mr. Clemens. Then he said he was glad you asked that, because he wanted to put this in the record. Then he went ahead and stated it.

Mr. MAISEL. I am answering his question.

Mr. ALLEN. Let us take up as little time on that as we can, because I don't see the relevancy of it, whether he got \$1,000 or \$10,000. What we are trying to find out is what facts this man knows, and then if he has got some facts about things that have been going wrong in these hospitals, we want to know that and we want to correct those things.

Mr. McQUEEN. Mr. Maisel, when you received your first employment, did you have any instructions as to what you were to look for in these hospitals or facilities?

Mr. MAISEL. Neither the editors of Cosmopolitan or of the Reader's Digest would presume to tell me what to look for. I have worked for these people before, and when I told them what I thought I had found, they said, "Go out and find out if it is true."

Mr. McQUEEN. Did they make any statement to you as to what their purpose was in publishing these articles?

Mr. MAISEL. There was no prejudice on their part in the beginning, and their purpose in publishing it, as I understand it, was in order to expose a situation which they believed to be disgraceful.

Mr. McQUEEN. Did they give you any facts in regard to the exposé, what they wanted to bring out?

Mr. MAISEL. They did not guide me in the preparation of these articles in any sense.

Mr. McQUEEN. You didn't answer my question. Of course, you know I am asking you if they gave you any instructions or if they gave you any statement as to what they desired to expose. First, did they give you any statement as to what they desired to expose before you started?

Mr. MAISEL. No. I started by going to Mr. Mark Rose and telling him what I thought I had discovered, and he said

Go out and find out if it is true, and if there is enough of it to make it seem to us that it is a true and is a real situation, we will go ahead and expose it.

Mr. McQUEEN. Whom were you representing when you went to Europe as a newspaper reporter or as a reporter?

Mr. MAISEL. I was accredited as the representative of Cosmopolitan magazine.

Mr. McQUEEN. And that authority was received through Washington here as a correspondent for Cosmopolitan magazine?

Mr. MAISEL. An accredited war correspondent.

Mr. McQUEEN. And that was prior to the time that these matters came up?

Mr. MAISEL. Yes, sir.

Mr. McQUEEN. And likewise with your Pacific tour?

Mr. MAISEL. My Pacific tour, I was an accredited war correspondent representing Newell, Sloan & Pierce, Inc., book publishers.

Mr. McQUEEN. In your second article, Mr. Maisel, you brought out facts and statements in regard to NP hospitals. What NP hospitals have you visited, and the order in which you visited them, and the approximate dates?

Mr. MAISEL. I visited two Veterans' Administration NP hospitals for the purpose of writing this article. The first was Northport, which I visited in September of 1944, and the second was Lyons, N. J., which I visited in January of 1945. I also visited for comparative purposes St. Elizabeths Hospital in Washington, which is a federally operated hospital, and Kings Park Hospital in New York, which has a veterans' civilian. It is a State operated hospital, located about 3 miles from Northport. This is Kings Park, N. Y.

Mr. McQUEEN. Who operates the Kings Park Hospital?

Mr. MAISEL. The New York State Department of Mental Hygiene.

Mr. McQUEEN. Who operates, if you know, St. Elizabeths Hospital?

Mr. MAISEL. St. Elizabeths Hospital is operated by the Federal Security Agency under a semiautonomous board.

Mr. McQUEEN. And it has no direction at all from the Veterans' Administration?

Mr. MAISEL. So far as I understand, it has none, although I believe General Hines is a member of their governing board, or whatever it is called—board of directors.

Mr. McQUEEN. In September, when you visited the Northport Hospital in New York, what statements in your article of April 1945, in the Cosmopolitan magazine, referred directly to the Northport facility?

Mr. MAISEL. There are such statements. I will have to find them. On page 182, the next to the last paragraph in the second column.

Mr. McQUEEN. Starting with "of course"?

Mr. MAISEL. No, starting with "At Northport," and going on through the column on page 183.

Mr. McQUEEN. Take the statement then [reading]:

At Northport I found day rooms and even dining rooms converted into emergency bed wards, while patients were forced to eat in a relocated dining room underground in a dark cellar.

Mr. MAISEL. You are not reading that very accurately.

Mr. McQUEEN. "Dank cellar." I suppose that is a misprint here.

Mr. MAISEL. No; "dank"—d-a-n-k, is the word in the description.

Mr. McQUEEN (reading):

At Lyons even the disturbed patients' dormitories had been crowded so that the rooms designed for 22 beds now hold 33 or more.

Was that what you found yourself?

Mr. MAISEL. That is what I found.

Mr. McQUEEN. Now, tell the committee about the cellar that you described as a "dank cellar." What is a "dank" cellar?

Mr. MAISEL. The word "dank" means—have we a dictionary in the house? Can we look it up?

Mr. ALLEN. No; but you used it.

Mr. McQUEEN. I thought it was a misprint. I thought it meant "damp" cellar.

Mr. ALLEN.* What is the word?

Mr. MAISEL. D-a-n-k, dank.

Mrs. ROGERS. Does it not mean damp, moldy?

Mr. MAISEL. Damp, moldy, musty, and dark would be the meaning I ascribe to it. All four words apply.

Mr. McQUEEN. Well, how was it situated in regard to the kitchen there?

Mr. MAISEL. I have no way of knowing. I know it was a room that was made into a dining room because they converted the dining room into a ward.

Mr. McQUEEN. Was it completely underground?

Mr. MAISEL. No.

Mr. McQUEEN. Did it have any windows in it?

Mr. MAISEL. Yes; there are windows high in the wall, as I recall it. But you remember, that was last September.

Mr. McQUEEN. It had ordinary tables and chairs?

Mr. MAISEL. Oh, yes; the room had been furnished. The men were not standing up when they ate.

Mr. McQUEEN. And the tables had tablecloths on them?

Mr. MAISEL. As I recall it, they don't use tablecloths in Northport, but I would not swear to that.

Mr. McQUEEN. Did the dining room smell musty or was it damp, or was it dark?

Mr. MAISEL. It was certainly dark, and to me it smelled musty. It quite definitely was not the room originally built as the dining room.

Mr. McQUEEN. How long were you in there? Did you eat a meal there?

Mr. MAISEL. Not in that room. There are a number of dining rooms in that hospital. I ate a meal in another room.

Mr. McQUEEN. Tell the committee about the meal that you ate at Northport.

Mr. MAISEL. The meal I ate at Northport I ate in the officers' dining room, and I don't think that has any reference necessarily to what the patients are getting. I don't know what the patients are getting at Northport.

Mr. McQUEEN. You don't know the kind of food? Do you know whether the food that you ate was the same food that the patients got?

Mr. MAISEL. I have no way of knowing.

Mr. McQUEEN. You don't know that?

Mr. MAISEL. No.

Mr. McQUEEN. Was the food that you had there on that particular day in September good, wholesome food?

Mr. MAISEL. It was fair.

Mr. McQUEEN. How many beds would you say were crowded into rooms in the Northport Facility?

Mr. MAISEL. What do you mean, the single rooms?

Mr. McQUEEN. Yes.

Mr. MAISEL. Well, the rooms vary in size, you see.

Mr. McQUEEN. Well, a room made for two beds, how many beds were in it when you were there?

Mr. MAISEL. The greatest amount of crowding I found was in the wards. The large rooms, rooms which were pointed out to me as originally designed to have beds arranged along three sides of the room—these rooms are a little bigger than this, but not quite as high ceilings—not only had beds along three sides of the room but had beds, nine beds, located in the center bay of the room. Those were the added beds. Incidentally, I asked the clinical director who was conducting me around the place whether with mental patients this close proximity of the beds, with the footboard of one next to the headboard of the other, didn't create special problems of handling the patients, and his answer was "Yes; we have had some cases of homosexuality."

Mr. McQUEEN. How many beds would you say were in this ward that you are now speaking of?

Mr. MAISEL. I don't know which ward we are speaking of now.

Mr. McQUEEN. The one that you are speaking of. You said you found day rooms with beds and wards.

Mr. MAISEL. The particular one I cite was at Lyons. It says so here. May I talk about that?

Mr. McQUEEN. Yes, go ahead and talk about Lyons.

Mr. MAISEL. There were 33 beds in a room originally designed for 22.

Mr. McQUEEN. What was the space between those beds, would you say?

Mr. MAISEL. The space between the beds, I was told at Northport—and I presume the same rule applies to Lyons because I was told it was a general rule—was 5 feet between centers, which means about 20 or 24 inches, depending on the type of bed used, for aisles. At Northport I actually saw beds with a little pencil mark at the center of the foot. They are very precise in measuring that 5-foot distance.

Mr. McQUEEN. How much space would that leave for each patient in the ward?

Mr. MAISEL. That would be just about enough aisle for the patient to get out and it would leave another bed touching the head of the bed, and in some cases another bed touching the foot also.

Mr. McQUEEN. How does that compare with the dormitories or ward rooms in other hospitals that you have visited, other Veterans' Administration facilities?

Mr. MAISEL. Most unfavorably.

Mr. McQUEEN. State what you found in these other hospitals and where the hospitals are.

Mr. MAISEL. In Kings Park Hospital, for instance, I did not find crowding of that sort in the part of the facility that is retained for the veterans, although the New York State hospitals are admittedly overcrowded.

Mr. McQUEEN. Are they any more overcrowded than the veterans' hospitals are at this time?

Mr. MAISEL. I refuse to accept standards of overcrowding in any other system as one that should apply to the veterans. I don't think the veteran ought to be crowded in the first place.

Mr. McQUEEN. That is your conclusion?

Mr. MAISEL. That is my conclusion; yes; and I think it will be the conclusion of this whole committee.

Mr. McQUEEN. Well, I want you to state to the committee any other irregularities that you found. Let us take Northport, or take the Lyons Facility now, since you are on it, and go ahead with the Lyons facility and state to the committee any other irregularity that, in your opinion, you found there, and which you have reported first hand information.

Mr. MAISEL. Mr. Counsel, I have reported and stated on these things to the extent of some 5,000 words in Cosmopolitan. Do you want me to read the article? You have read that into the record.

Mr. McQUEEN. That is right. I want you to state to the committee at this time any irregularities that you found when you were there. Isn't it a fact, Mr. Maisel, that all of the article, the April article, that you have written here was based upon testimony that you got from a man who was a conscientious objector and who had been assigned to the Lyons facility by the Army for duty during the war?

Mr. MAISEL. On the contrary, all of the testimony is not based upon Mr. Hegler's testimony. I went out to Lyons in order to see what had happened after this exposé of Mr. Hegler's had come to public attention, and I reported what I found at Lyons, and it is all contained in the article. I will be glad to read it if anyone wants it.

Mr. McQUEEN. We don't want you to read the article. We want you to state what you found out there, to this committee—what you found.

Mr. MAISEL. If I may refresh my memory by referring to the article, I will be glad to do so.

Mr. McQUEEN. Yes.

Mr. MAISEL. In the first place, I found on the word of Colonel Lopez that a number of the attendants, and particularly the doctor in charge of the acute ward, when the conditions that substantiated the charges of Mr. Hegler had been disclosed, that those people had not been transferred or discharged.

Mr. McQUEEN. How long after Mr. Hegler's so-called "exposé" was this conversation with Dr. Lopez?

Mr. MAISEL. On January 15, 1945, General Hines in his press release stated—November 17, 1944—that is the report stating that these conditions had been corrected.

Mr. McQUEEN. What conditions now are you speaking of?

Mr. MAISEL. May we put the press release of General Hines, or the Veterans' Administration, in the record? Then you will have it.

Mr. McQUEEN. No; we know about that press release. I want to know what conditions you were talking about exposing.

Mr. RAYFIEL. Mr. Chairman, I am a member of the committee who does not know about that press release, and I think it ought to be read into the record, since counsel was questioning the witness as to conditions that obtained and are mentioned in the press release.

Mr. KEARNEY. Have it put in the record.

Mr. ALLEN. How long is it?

Mr. MAISEL. Two and a half pages, triple-spaced.

Mr. RAYFIEL. We just had read a three-page letter, single space.

Mr. GIBSON. I think all the facts should be proven first.

Mr. RAYFIEL. This is a press release by the Administration itself.

Mr. GIBSON. How do we know that?

Mr. ALLEN. Mr. Witness, I am wondering if you could not tell us in just a few words what the substance of that press release is, and then put it in the record?

Mr. McQUEEN. That is what I am trying to get him to do. I think it ought to go into the record, but I don't want to prolong the hearing.

Mr. MAISEL. I may be very obtuse, Mr. Allen, but I am having trouble following the questioning of counsel.

Mr. ALLEN. Can't you tell us just in a few words what it contains, and then the counsel can put it in the record? Will that satisfy the committee?

Mr. RAYFIEL. If it gets into the record, I am satisfied.

Mr. MAISEL. It is a release which I obtained in the office of William McKay Lewis, who is the press relations man of the Veterans' Administration in Washington. It quotes Brig. Gen. Frank T. Hines as making the following statement in response to inquiries:

The investigation of the alleged abuse of patients at the Lyons facility reveals some substantiation of the charges made by Robert Hagler. The investigation was conducted by the Veterans' Administration over a period of 7 weeks, and included interviews with many attendants, ward nurses, ward physicians, and others, as well as review of many clinical files and other records.

Then it goes on to describe the causes of the abuses. Do you want me to read those?

The CHAIRMAN. Does the committee want the whole thing read?

Mr. KEARNEY. I suggest that it be offered in evidence and received.

Mr. McQUEEN. I will do that when he identifies it.

Mr. ADAMS. Unless the committee insists on hearing the whole thing.

Mr. MAISEL. I think it will be helpful.

Mrs. ROGERS. I think it will be very helpful to the committee.

Mr. GIBSON. It could have been read four times while we have been arguing about it.

Mr. ALLEN. All right, read it.

Mr. MAISEL. May I read the whole thing?

Mr. ALLEN. Go ahead, read it. I was just trying to save time. We want it in the record.

Mr. MAISEL. This is dated November 17, 1944: [reading]:

From Veterans' Administration
Press Relations.
For immediate release.

NOVEMBER 17, 1944.

Brig. Gen. Frank G. Hines, Administrator of Veterans' Affairs, made the following statement today in response to inquiries about a Veterans' Administration investigation of charges concerned with the Veterans' Administration hospital at Lyons, N. J.:

The investigation of the alleged abuse of patients at the Lyons Facility reveals some substantiation of the charges made by Robert Hagler. The investigation was conducted by the Veterans' Administration over a period of 7 months, and included interviews with many attendants, ward nurses, ward physicians, and others, as well as review of many clinical files and other records.

The causes of the abuses which this investigation disclosed were to a considerable degree due to the following factors:

1. Untrained and inefficient attendant help and numerous resignations of attendants before being properly trained. This resulted in inadequate coverage of the wards, particularly on the acute service.

2. Reluctance on the part of attendants and others to report abuses witnessed by them.

3. An unprecedented number of new admissions, particularly of patients who are physically strong and vigorous, many of whom are disturbed and combative, and hence require more care and supervision by attendant personnel, which was in many instances inadequate.

4. A definite shortage of nurses, under whose supervision attendants function.

The fact that the Lyons Facility has had to employ inadequately trained attendant help has been due to war conditions and lack of manpower. There was a

time not so long ago that the facility was compelled to employ almost any man who applied for a position. Whatever inadequate coverage of the wards has resulted also has been due to lack of manpower and the inability of the Lyons officials to recruit sufficient men to work as attendants on the wards.

While the investigation disclosed instances of abuse to patients, it also disclosed considerable exaggeration of many alleged incidents of maltreatment.

Appropriate steps are being taken to remedy the situation as to the attendant group, as well as certain changes in the professional and subprofessional groups, and whatever disciplinary measures are warranted will be taken.

Despite these instances of abuse which the investigation disclosed, it should be kept in mind that this hospital was opened in 1930 for 400 patients, and during its gradual expansion to its present capacity of over 1,900, it has enjoyed an enviable record, not only in its mission of administering to disabled veterans, but also as a medical center in the State of New Jersey.

More than 8,000 veterans have received the most modern therapy obtainable there, and its professional staff have been very carefully chosen for their proficiency in the field of neurology and psychiatry and other specialties, and for their familiarity with the classification and treatment of the various classes of nervous and mental disorders.

The Veterans' Administration has, throughout its existence, taken every possible precaution to see to it that patients under treatment be protected against injury or maltreatment of any kind, and considering its many hospitals and the hundreds of thousands of patients who have received admittedly excellent treatment, the incidence of abuse to patients has been exceedingly small.

Therefore, with no desire to minimize the unfortunate occurrences at Lyons which the investigation disclosed, this Administration feels a justifiable pride in the accomplishments of this hospital, based on its over-all record of treatment and service afforded the beneficiaries who have been hospitalized there since its opening.

Mr. GIBSON. What is the date of that?

Mr. MAISEL. November 17, 1944.

Mr. McQUEEN. Approximately 2 months before you went there?

Mr. MAISEL. Two months before I was there.

Mr. McQUEEN. You were there in September, you said?

Mr. MAISEL. I went to Northport in September and I was at Lyons on January 15.

Mr. McQUEEN. I wish to introduce this into the record.

Mr. ALLEN. Let it be filed.

Mrs. RAYFIEL. It is in the record now. It has been read into the record.

Mrs. ROGERS. I would like to see it. [Mr. McQueen handed the paper to Mrs. Rogers.]

Mr. McQUEEN. Mr. Chairman, it is now about 30 minutes after 11. Before you leave, I take it that the members of the committee wish to question Mr. Maisel, and I don't want to take up any of your time further.

Mr. ALLEN. I would like to have the questioning limited to a few minutes, not that we want to shut anybody off, but there is another matter I wish to take up before we recess for lunch.

Mr. MAISEL. Am I to presume that I will be called again at the next session?

Mr. ALLEN. That is a matter for the committee to decide, Mr. Maisel. I don't want to say myself.

Mr. RAMEY. The witness has made application to be heard further in executive session, and I think, since he has given 2 days of his time, I think he should have that opportunity.

Mr. MAISEL. I have offered to present certain evidence to the committee in any way the committee wants to hear it, in open or executive session.

Mr. GIBSON. We had voted one time that it should be in open session. I don't think anybody wants to deviate from that.

Mr. RAMEY. The witness is entitled to that courtesy, I think.

Mr. MAISEL. I would also like to present a number of other letters and documents.

Mr. ALLEN. I would like to hear all the testimony that you have, and I want it in open session so far as I am personally concerned. Now, are there questions of Mr. Maisel by the committee?

Mr. KEARNEY. Mr. Maisel, on that article concerning the mental hospital, the picture at the top of the article—is that a picture taken of any inmate of any of these veterans' hospitals?

Mr. MAISEL. No; that is posed picture, and I can certify that the instrument that the man is shown wearing appears the same as the instruments I saw at Lyons. I would like to correct the photographer on that. There is different coloring. I take it you have no objection to the picture as conveying the impression that you saw there?

Mr. KEARNEY. No; I have no objection to it.

Mr. AUCHINCLOSS. About Lyons Hospital, Mr. Maisel, have you any comments to make about the treatment of the tubercular patients there?

Mr. MAISEL. There is one comment I would like to give you, which is a statement that was read at the conference of the executive committee of the Medical Advisory Council of the Veterans' Administration at its meeting in Washington on March 8 to 11, 1942, in which they said that the presently allotted space for TB psychotics in all such facilities is inadequate. As far as I have been able to find out, in the two facilities I visited, there has been no increase in that space, and judging by the increase in the number of patients in these two facilities I would take it that there is actually less space for tubercular patients, now than there was before.

Mr. AUCHINCLOSS. Another question. How would you compare the food served at Lyons with the food served at Northport?

Mr. MAISEL. As I said before, I cannot talk with any authority on the food served at either place, because in both places I ate lunch with the commanding officer in the officers' dining room. It may have been the same food. I don't know. We ordered what we wanted. The waiters came over and said "Will you have this" or that. I mean we were given choices.

Mr. GIBSON. Let me ask you this, Mr. Maisel. If you were sincere in trying to ferret out the truth why did you not only ask if the patients were served the same food, but why didn't you go into the dining room where the patients were eating, and see yourself if it was the same food? Did you do that?

Mr. MAISEL. I didn't make any allegations about the food at either of these two hospitals, sir.

Mr. GIBSON. But I say, if you were making an investigation to determine the truth, why didn't you go into the dining room of the patients and see if they got the same food as the staff got?

Mr. MAISEL. Well, sir, I visited a number of hospitals and was checking up on a large number of different things. I couldn't do everything at every hospital.

Mr. GIBSON. You could have done that, couldn't you?

Mr. MAISEL. Not necessarily. These people were talking to me during lunch time. They had things they wanted to tell me. I had questions I wanted to ask, and they invited me to the officers' dining room.

Mr. GIBSON. You could have asked the privilege of stepping in and seeing what food the patients were getting?

Mr. MAISEL. I think that is a matter of judgment. I asked the privilege of seeing other things.

Mr. GIBSON. Don't you think you used mighty poor judgment?

Mr. MAISEL. I do not, sir; because I have made no allegation about the food at Lyons or at Northport.

Mr. GIBSON. One other question now in regard to this picture. You say that is a posed picture?

Mr. MAISEL. That's right.

Mr. GIBSON. In your article did you disclose that fact?

Mr. MAISEL. The fact is disclosed by the sign at the bottom of the picture, "S. A. R. R. A.," which everyone, I believe, recognizes as the name of the photographer.

Mr. GIBSON. In other words, you take the position throughout that anyone looking at that horrible picture that you put there would know that "S. A. R. R. A." meant the name of the photographer?

Mr. MAISEL. That is the common way of indicating that a photographer has taken the picture.

Mr. GIBSON. Do you think that the mass of the people throughout the country would know what S. A. R. R. A. meant?

Mr. MAISEL. I am afraid that on this question you will have to question the art directors of the magazine, since I have nothing to do with an article once I put it in their hands. I am not allowed to lay it out.

Mr. GIBSON. Don't you think that one of the worst things that has ever been done to veterans is for you to put this picture in there, a posed picture, holding it out to the American people as truth and fact, when you knew it was not?

Mr. MAISEL. I have seen exactly the same sort of device, and I believe you have, sir, used on veterans, and I say so in my article.

Mr. GIBSON. What veteran did you see it used on?

Mr. MAISEL. I don't have the man's name.

Mr. GIBSON. What institution?

Mr. MAISEL. At Lyons. And I testified to that.

Mr. GIBSON. When?

Mr. MAISEL. January 15. I go quite extensively into that. Captain Hoffman was with me.

Mr. GIBSON. But you didn't give the name.

Mr. MAISEL. No; I was not taking the names of mental patients, because I would not publish the name of a mental patient and harm him thereby. The man may get out and be perfectly sane and injured by our publication of his name.

Mr. ENGLE. Mr. Maisel, have you any information concerning conditions in California hospitals?

Mr. MAISEL. Yes; one of these letters we were discussing refers to Sawtelle, and there is an allegation—if I give you the name it might be helpful?

Mr. ENGLE. Do you have such information?

Mr. MAISEL. Yes.

Mr. ENGLE. Is that all you have?

Mr. MAISEL. I have an allegation from Mrs. Casper. Does that mean anything to you?

Mr. ENGLE. No, it does not; but I just wanted to find out if you have it, so at another time you can give it.

Mr. MAISEL. Yes.

Mr. ENGLE. Is that all you have from California?

Mr. MAISEL. That is, in respect to beatings and such things?

Mr. ENGLE. I am referring now to any hospital in California or on the Pacific coast.

Mr. MAISEL. I have a round-robin letter from 176 patients at Livermore, and I have a number of other letters from individuals on the coast.

Mr. ENGLE. Do you have those segregated so we can see them?

Mr. MAISEL. I think I can find them for you.

Mr. ENGLE. The reason I asked you that is that at a subsequent time—I don't want to interrupt the direct examination, but at a subsequent time I want to go into that. That is all, Mr. Chairman.

Mrs. ROGERS. Mr. MaiseL, did you read the article in the last Saturday Evening Post?

Mr. MAISEL. No; I did not.

Mrs. ROGERS. By Mr. Gorrell?

Mr. MAISEL. No; I have not.

Mrs. ROGERS. A war correspondent who spent 4 years in Spain, entitled "Are We Psycho Crazy?"

Mr. MAISEL. As a matter of fact, I saw the article but didn't read it.

Mrs. ROGERS. I wish everybody in the country would read it, because to my mind it is so clear.

Mr. MAISEL. He is not talking about the class I diagnosed as "psychoneurotics"?

Mrs. ROGERS. Yes. Do you not find that these psychoneurotics are not in the least crazy?

Mr. MAISEL. By the definition of psychoneurotic is a man who has a nervous disturbance, not a man who has a mental aberration that would be classified as crazy. If he has a mental difficulty that is classified as crazy, he would be classified as a psychotic.

Mrs. ROGERS. But the public doesn't realize that.

Mr. MAISEL. No; unfortunately they do not.

Mrs. ROGERS. Is it not also true that men are being called psychotics and brought out into the world perfectly well?

Mr. MAISEL. One of the weaknesses of the Veterans' Administration, which many people have pointed out, is that while they provide these hospitals for custodial care of the psychotic, they provide very little service at out-point bases for the psychoneurotic, who is actually a larger problem in numbers and potential usefulness to the community.

Mrs. ROGERS. And in many communities out-patient clinics do take care of those cases?

Mr. MAISEL. Yes; and the only large group of people who are doing any service along those lines are the private hospitals, such as the clinic run by Dr. Renney in New York.

Mrs. ROGERS. And medicine is not an exact science at best.

Mr. MAISEL. Emphatically not.

Mrs. ROGERS. I know two cases who were pointed out to me as dementia praecox cases, and one of them is running a tea house today and the other is practicing law. I know them.

Mr. MAISEL. The practice of psychiatry and the cure of psychotics has improved very much in recent years, and many psychotics can be

cured. One of the complaints I have made about the Veterans' Administration is their extreme reluctance to adopt new techniques which result in the cure of psychotics, and I was very careful there to speak of techniques which have now been adopted and endorsed, although not adopted universally, and compare the adoption by State and county hospitals with the Veterans' Administration. Their fear of experimentation leads them to deny service to veterans for 4 or 5 years after the service is commonly available in hospitals which ordinarily would be expected to be of a lower caliber.

Mrs. ROGERS. I think that is true.

Mr. HUBER. Mr. Maisel, as an experienced person in these matters, mental matters, you have visited a number of other mental hospitals besides veterans' hospitals?

Mr. MAISEL. Yes; I have.

Mr. HUBER. And is not the use of restraint a rather general practice in a great many hospitals?

Mr. MAISEL. I will put it this way; that the best managed and most progressive mental hospitals will not use restraints. As a matter of fact, I was informed by Colonel Verdel of the Veterans' Administration, that they had a rule against the use of restraints, and that rule had been relaxed because of the shortage of help. I don't know whether that is a fact. I was informed of it.

Mr. HUBER. But the practice is not, at any rate, confined to only veterans' hospitals? They do use restraints in other hospitals that you have visited?

Mr. MAISEL. There are other overcrowded hospitals which are also falling back upon Dark Age practices.

Mr. HUBER. Have you, incidentally, ever visited the Coatesville Hospital?

Mr. MAISEL. No; I have not.

Mr. HUBER. I might say for the record that I have visited several mental hospitals, and the only place I found that they were not using restraints was Coatesville, Pa. I would like the record to show that Dr. Miller, of that institution, does not believe in the use of restraints. That would show that it is possible in a veterans' hospital to get along without using restraints.

Mr. MAISEL. It seemed to me to be a fact that it could be done.

Mrs. ROGERS. What is done in the case of a postoperative case, where they are afraid the patient will open the wounds by picking them they have an attendant watching him all the time.

Mr. HUBER. I assume even those people are not mentally diseased, and sometimes they clear them up.

Mrs. ROGERS. It is important to have personnel for those cases.

Mr. MAISEL. There are restraints and restraints. You can put a man in a strait-jacket or in handcuffs, which is sheer restraint and has no therapeutic effect; in fact, it enrages the man. On the other hand, they can put him in a wet pack, which many doctors will attest has a therapeutic effect. It restrains him but also cures him.

Mr. BENNETT. Do you have any facts of your own knowledge relative to the treatment of veterans in any of the facilities in Missouri, Arkansas, Kansas, or Oklahoma?

Mr. MAISEL. No. I have a lot of correspondence that I will be glad to turn over to you.

Mr. BENNETT. Would you be so good as to prepare for me in written form such information as you have for submission for the record, so we can investigate if it seems proper to do so?

Mr. MAISEL. I will be glad to send it to you. What States were those?

Mr. BENNETT. Missouri, Arkansas, Kansas, Oklahoma.

I want to say, Mr. Chairman, that I think the witness has been a very good witness, has given us a lot of helpful information.

Mr. PICKETT. Mr. Maisel, there are four veterans' facilities in the State of Texas—Dallas, Waco, Legion, and Amarillo. Do you have any documentary statements in your files making complaints with reference to any of those four facilities?

Mr. MAISEL. I have several, and I will be glad to turn them over to you on the same basis, if that is satisfactory to you.

Mr. PICKETT. That will be fine, sir. And I would ask this further question, then: Have you personally discussed with any member of the staff or any of the personnel of either of those four facilities, or have you personally discussed with any complainant from any of those four facilities, the facts about which they complain?

(Mr. Rankin took the chair.)

Mr. MAISEL. I have not visited Texas. I may have had some correspondence. In the beginning I tried to answer the letters that came in, but after a while the flood grew so great I had to give it up. I may have had some letters back and forth with these people.

Mr. PICKETT. You have had no personal description of any of the matters relating to any Texas facility, so far as now recall?

Mr. MAISEL. No, sir.

Mr. PICKETT. Your entire file with respect to that, or your entire knowledge with respect to any complaints from that area comes by correspondence?

Mr. MAISEL. That's right. And all that I have written about the Texas facilities are matters of statistics from the Veterans' Administration as to the degree of overcrowding, emergency beds, and so forth.

Mr. PICKETT. You did not, or did you, in either of the two articles in Cosmopolitan Magazine, specifically refer to any matter pertaining to either of the four Texas facilities?

Mr. MAISEL. I recall specifically referring in the second article, in a list of overcrowded hospitals, to the Waco Hospital. I recall that. There may have been one or two other references.

Mr. PICKETT. Other than the reference to overcrowding in Waco, do you now have in mind any particular reference to either of the four Texas facilities?

Mr. MAISEL. There were some letters that I received—you mean references I made?

Mr. PICKETT. References in the articles, Mr. Maisel.

Mr. MAISEL. No; I can't recall any. Do you recall any, Mr. Pickett?

Mr. PICKETT. I do not; no, sir. I believe that is all, thank you.

Mr. ENGLE. Mr. Maisel, you understand I make the same request with reference to Pacific Coast hospitals that Mr. Pickett has made with reference to Texas?

Mr. MAISEL. Yes; I will turn over to you all correspondence and letters I have on the Pacific Coast hospitals.

Mr. CARNAHAN. Have you ever visited the Jefferson Barracks facilities in St. Louis?

Mr. MAISEL. No, sir.

Mr. CARNAHAN. Do you have anything on that?

Mr. MAISEL. I think there are some letters, but I am not sure.

Mr. CARNAHAN. I wish you would supply me with whatever you have on that facility, on any of the Missouri facilities.

Mr. MAISEL. There are some on Excelsior Springs, Mo.

Mrs. ROGERS. If you have anything further on the Northampton Hospital I would like to have it.

Mr. SCRIVNER. I have three or four questions that I would like to finish up. Maybe you have gotten the wrong slant as to the purpose of some of the questions I asked. The one thing I am interested in is facts.

Mr. MAISEL. You gave me a rough time, Mr. Scrivner, but there is no resentment.

Mr. SCRIVNER. I am glad of that. The thing I am talking about is facts, not opinions, as distinguished between the two, and I don't care who they help or hurt. Our main interest is in improving the situation for the veterans, and one of the statements yesterday that I didn't ask you about was with reference to the Northport facility, where you said—and I will have to ask somebody to give me the March and April Cosmopolitans, because both of mine have disappeared—but you made a statement to the effect that—and I think you said you referred to Northport—that the doctors had only 7 minutes per week per man.

Mr. MAISEL. I made that statement with respect to one particular doctor whom I named, Dr. Leon Rachow.

Mr. SCRIVNER. No; that is not the statement you made. There is something about—just a general allegation of 7 minutes per week per man.

Mr. MAISEL. In the March issue there is a general allegation that I have seen doctors who can give their patients but 7 minutes per week per man. In the second article I detail the charge.

Mr. SCRIVNER. I didn't get that far.

The CHAIRMAN. You mean 7 minutes per day?

Mr. MAISEL. No; 7 minutes per week.

Mr. SCRIVNER. Let me state it right here (reading):

I have found doctors who are so overloaded that they could give the average patient only 7 minutes' attention a week.

Here is italicized:

not 7 minutes a day, mind you, 7 minutes a week.

If that is true, it should be correct. Now, in connection with that, can you give me the names of the doctors that you found that were so overloaded with patients that they could give them 7 minutes a week?

Mr. MAISEL. I can give you the name of one of them.

Mr. SCRIVNER. But your statement says "I have found doctors." In other words, it leaves the impression to me, as I read it, that nearly every doctor in there was in that situation.

Mr. MAISEL. I picked out Dr. Leon Rachow. He is a captain.

Mr. SCRIVNER. Where is he located?

Mr. MAISEL. At Northport.

Mr. SCRIVNER. But that is only one.

Mr. MAISEL. That is the only one where we worked the figures out and got the actual figure of 7 minutes. Other men have the same case load that he has and the same duties, and presumably have the same situation.

Mr. SCRIVNER. Who are those doctors?

Mr. MAISEL. All the ward doctors in Northport, I would take it. And here is a doctor who is in charge of the building.

Mr. SCRIVNER. All ward doctors in Northport, then, you would say have only sufficient time to visit patients on an average of 7 minutes a week?

Mr. MAISEL. I mean the doctors who are in the same situation in Northport as Captain Rachow, ward doctors.

Mr. SCRIVNER. All ward doctors?

Mr. MAISEL. Ward doctors having other duties, as Captain Rachow does, would have the same case load, and therefore the same time, and therefore, dividing case load into time, about the same amount of time per patient.

Mr. SCRIVNER. Now, does that condition exist in any other hospital?

Mr. MAISEL. Judging by the case loads of the doctors, it does exist.

Mr. SCRIVNER. Where?

Mr. MAISEL. At Lyons, N. J., as well.

Mr. SCRIVNER. Where else?

Mr. MAISEL. Those are the two hospitals I visited where I had knowledge of the case load.

Mr. SCRIVNER. In computing this 7 minutes, will you just give us the formula?

Mr. MAISEL. May I find the reference in the article? It was quite clearly stated there.

Mr. SCRIVNER. Tell me where it is and I will read it; then when you come back I can check it.

Mr. McQUEEN. I think it is on page 109, if my memory serves me right.

Mr. MAISEL. Here it is.

Mr. GREEN. Let us look at the record.

Mr. SCRIVNER. Well, I will read it.

Mr. MAISEL. Page 184, the fourth and fifth paragraphs. Dr. Rachow had 225 patients in his building, and he spent half his time on specialized work, giving electro shock to all the patients in the hospital who were getting electro shock, therefore you take 24 hours a week and 225 patients, and you arrive at the figure of 7 minutes per patient. He worked this out with Dr. Rachow on a piece of paper.

Mr. SCRIVNER. I just wanted to get that in mind. Now, you make reference to two or three other wards. What is your definition of "overcrowding"? As I understand it, the authorities have set up that each patient should have a certain number of square feet of space. That is based on a square-foot circle. Do you know what that is?

Mr. MAISEL. I know what it is in some hospitals, but not in the Veterans' Administration.

Mr. SCRIVNER. Seventy feet?

Mr. MAISEL. It varies. The Army standard, I understand, is 100 feet. The way I would define it, if you will let me approach it in my own way, is simply this: A hospital is built originally with a given capacity. All its equipment is designed to serve a certain number

of patients. Now, you can squeeze extra beds into a room, and these hospitals were built on very good standards in the beginning, and therefore you can put extra beds in the rooms. The men may not even suffer in those rooms, although I believe they do from the crowding, but what does suffer is your kitchens, your lavatories, all your service facilities, which were built for a given number and now have a much larger number.

Mr. SCRIVNER. If they were built for a certain number without any anticipation of increase—

Mr. MAISEL (interposing). Good hospital practice is to plan on 80 percent of occupancy, you see, so that you have some rubber there. But these hospitals are running at 110 and 120 percent in some cases.

Mr. SCRIVNER. What do you mean by the phrase "overloading"? Does that mean more patients under one doctor's care than is the general practice?

Mr. MAISEL. Yes. They have a certain rations which you can develop from the veterans' doctors, and their standards of patients per doctor. Colonel Bedford, for instance, gave me some figures and I made comparison with other hospitals as to the number actually under the average doctor, and you will find that a much greater number is under the average doctor than the standard would call for.

Mr. SCRIVNER. Then your phrase "emergency beds," as I understand your statement, was where beds had been placed in wards that had not been primarily made for that number?

Mr. MAISEL. That phrase is General Hines' phrase taken from a speech of his in which he said that—

First we gained 3,290 beds through the contraction of the normal space allowed for beds in hospital wards, and through utilizing various rooms in hospital buildings which normally are not assigned to bed patients.

Mr. SCRIVNER. Does he define that as "emergency beds"? The reason I ask is because in most hospitals I have visited they specify emergency beds as those beds which they hold aside to take care of any emergency load that might come in.

Mr. MAISEL. They did not use that term and I did not use that term in that sense. These are beds added. I think the term arises from the prewar emergency which President Roosevelt declared in 1940. As a result of that they put in emergency beds.

Mr. SCRIVNER. I just wanted to see whether I understood you.

The CHAIRMAN. You said in your statement that these doctors have an average of one doctor for every 70 patients, I believe.

Mr. MAISEL. I don't recall having said that, sir.

Mr. HUBER. You said two doctors were taking care of 150 patients in one particular hospital.

The CHAIRMAN. That is 75 per doctor.

Mr. MAISEL. In that particular hospital.

The CHAIRMAN. Now, you say that they only gave 7 minutes per week to each patient.

Mr. MAISEL. No; I said that Dr. Leon Rachow, Capt. Leon Rachow, of Northport, who had 225 patients in the building which he was in charge of, and who at the same time was the man who was doing the electroshock work, taking, as he estimated, half the time, he estimated to me that that left him only time enough to give each patient on the average 7 minutes a week.

The CHAIRMAN. You left the impression, as I gathered it, that these doctors only had 7 minutes each for each patient—7 minutes a week for each patient. Now, I believe it was brought out here in the testimony that you had about 1 doctor to every 70 patients. Working 10 hours a day that would be 4,200 hours, if I figure it correctly. Dividing 70 into that would give 60 minutes. Now, you have gone and picked out one isolated case, and that was the tuberculosis hospital.

Mr. MAISEL. Mr. Rankin, I can't follow your arithmetic.

The CHAIRMAN. I was satisfied you could not when I heard some of yours yesterday. But this was a tuberculosis hospital, was it?

Mr. MAISEL. No; not the hospital in which Capt. Leon Rachow works. That is a mental hospital, Northport, Long Island.

The CHAIRMAN. What many of those patients there need is rest and care, isn't it?

Mr. MAISEL. Many of those patients are given nothing but custodial care, as a result of the overcrowding, and the result of the overcrowding and the low number of doctors per patient. I don't think that is what they need, certainly not the World War II cases. I think it is a terrible thing that the World War II cases should be confined to so low a level of care in the veterans' hospitals.

The CHAIRMAN. Where did you say this hospital is?

Mr. MAISEL. In Northport, Long Island.

The CHAIRMAN. That is in New York, isn't it?

Mr. MAISEL. That's right. But even in New York, Mr. Rankin, the veteran ought to get the best possible care.

The CHAIRMAN. That is what we want to see them get. Why did you make that statement?

Mr. MAISEL. Because, Mr. Rankin, you keep referring to New York and you seem to have some prejudice against New York.

The CHAIRMAN. No; I don't have anything of the kind. Now, you are not going to smear this committee. You can go out of here and smear the hospitals, but you are not going to come in here and smear the members of this committee. Get that fixed in your mind.

Mr. MAISEL. I have no intention to do so.

The CHAIRMAN. You may be excused until 2 o'clock.

Mr. MAISEL. Thank you, sir.

Mr. ALLEN. I move we go into executive session.

The CHAIRMAN. The committee will now go into executive session. (Whereupon, at 11:45 a. m., the committee went into executive session, at the conclusion of which the committee recessed until 2 p. m. this date.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, MAY 24, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met, pursuant to adjournment, at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. You may proceed, Mr. McQueen.

STATEMENT OF ALBERT Q. MAISEL—Resumed

Mr. McQUEEN. Mr. Maisel, I want to ask you a few questions this morning, and then I will be through.

Last Tuesday, I believe, you stated that you visited the Minneapolis Hospital, the Castle Point Hospital, the Sun Mount Hospital, the Northport Hospital, and the Hines Hospital?

Mr. MAISEL. Yes, sir.

Mr. McQUEEN. Those are all of the veterans' hospitals, as such, which you have visited?

Mr. MAISEL. No; I visited Lyons, in New Jersey, and I visited the veterans' hospital at Mendota, Wis. I did not see anything much there, and I have not used it in my reports.

May I go over the list to make sure it is complete?

Mr. McQUEEN. Minneapolis, Castle Point, Sun Mount—

Mr. MAISEL. I visited 81 in the Bronx. I visited Mount Alto some months ago.

Mr. McQUEEN. That is not a veterans' hospital; you understand that, do you not?

Mr. MAISEL. Yes; it is.

Mr. McQUEEN. Oh, yes—Mount Alto Hospital, here?

Mr. MAISEL. Yes.

Mr. McQUEEN. That was after your article was written?

Mr. MAISEL. No; it was before that.

Mr. McQUEEN. Was Mount Alto referred to in your articles?

Mr. MAISEL. It was not referred to in my articles. I visited Perry Point, Md., which is not referred to in my articles.

Mr. McQUEEN. Any others?

Mr. MAISEL. I do not recall offhand.

Mrs. ROGERS. May I say something out of order, Mr. Chairman?

The CHAIRMAN. You may say something in order.

Mrs. ROGERS. This is out of order. I would like to be excused for a moment. I want to see a constituent——

The CHAIRMAN (interposing). It is perfectly in order for any member to be excused from the committee whenever they want to. Before you leave, however, I want to call attention to something.

There was a good deal said here yesterday about the ratio of doctors in these hospitals. I have a list here, which is not exactly complete, but it shows that we have 1 physician to every 116 patients. There are three neuropsychiatric hospitals in Massachusetts, which are not Government hospitals. The Danvers State Hospital has only 1 doctor to every 314 patients.

Mrs. ROGERS. Yes; there is a great shortage there.

The CHAIRMAN. Yes; I understand that. But there has been so much unloading here on the Veterans' Administration, and yet when we try to correct the situation by legislation it is objected to on the floor. I am going to endeavor to put it through under suspension of the rules.

The Danvers Hospital has 7 full-time physicians, or one to every 314 patients, whereas the average in the veterans' hospitals is 1 to every 116 patients.

The next is the Metropolitan State Hospital—and by the way, that hospital in Massachusetts has 1,600 beds and 2,100 patients.

Mrs. ROGERS. Yes; it is very much overcrowded.

The CHAIRMAN. And it has also only 6 doctors, or 1 to every 266 patients.

Mrs. ROGERS. It also has veteran patients there.

The CHAIRMAN. Whereas the Veterans' Administration has 1 to every 116 patients.

At Northampton they have only 9 doctors, or 1 to every 236 patients.

The same condition prevails in New York and other States that have been testified about here. I realize that those people have trouble getting doctors and nurses; but when we have had these invidious assertions made about the scarcity of doctors and nurses, I just thought that a little comparison would not hurt anything.

We have in the veterans hospitals 1 nurse to every 36.6 patients. In the Danvers State Hospital, in Massachusetts, they have 1 for every 183 patients.

Mrs. ROGERS. I was going to ask permisison later to read that into the record.

The CHAIRMAN. This should have been brought out while all those attacks were being made.

In the Metropolitan State Hospital, in Massachusetts, they have 1 nurse for every 177 patients.

In Northampton they have 1 for every 30 patients. That is the only one in the State that falls below the average of the veterans' hospitals of similar character, in the proportion of nurses to patients.

There was a good deal said here yesterday about the condition in New York. I am not trying to unload on New York; I am just as much interested in taking care of the veterans of New York as I am anywhere else, but I want to show the condition that prevails there.

Whereas the Veterans' Administration has 1 doctor to every 116 patients, in the Buffalo neuropsychiatric hospital they have 1 doctor

to every 287 patients; and in the Creedmore State Hospital they have 1 to every 189 patients, and in the Rochester State Hospital they have 1 to every 266 patients.

I might say to my friend from North Carolina—

Mr. ERVIN. I am familiar with that situation. It is not a bit good.

The CHAIRMAN. They have 1 for every 329 patients.

Let us see about the nurses in the NP hospitals in New York. In the Buffalo State Hospital they have 1 for every 106 patients. In the Creedmore Hospital they have 1 nurse for every 94 patients.

Unfortunately, the figures for the Rochester State Hospital are not given.

Let us get down to attendants. Of course we are short of attendants in these hospitals. To cover the situation there was a bill introduced, and this committee voted it out unanimously and I took it to the floor of the House. It provided for additional help in the way of attendants for veterans' hospitals, and it was objected to.

I have a letter on my desk this morning from a man complaining that he wrote concerning his insurance and has not received a reply because of the shortage of help in the Veterans' Administration. Yet, when I go to the floor of the House with a bill to correct the situation, it is objected to on the ground that it does not altogether fit the program of the Civil Service.

Let us see about these attendants. We have 1 attendant for every 6.17 patients. Let us take the Massachusetts hospitals first. In the Danvers State Hospital they have 1 for every 16 patients. In the Metropolitan State Hospital they have 1 for every 12 patients, and in the Northampton State Hospital they have 1 for every 30 patients.

In the New York hospital at Buffalo they have 1 for every 17 patients; at Creedmore, 1 for every 15 patients; and at Rochester they have 1 for every 9 patients.

In the North Carolina institution to which I have referred they have 1 for every 15 patients.

In other words, the veterans' hospitals have twice the number of attendants per 100 patients that they have in the State hospitals in these areas that we have been discussing. I am not complaining about or criticizing those State hospitals. They are probably doing the best they can under the circumstances. I am sure they are, because people are more interested in their own State than somewhere else, but I call this to the attention of the committee to show you that so far as the numbers of nurses, doctors, and attendants are concerned, the neuropsychiatric hospitals of the Veterans' Administration are far better off than they are in the State institutions of a similar character.

Mr. DOMENGEAUX. I was going to suggest a complete list of each State in comparison with the veterans' hospitals.

The CHAIRMAN. I am going to have such a list made. I just called attention to these few cases that I have. I will say to my friend from New York that I did not just pick out New York and Massachusetts specifically.

Mr. KEARNEY. It is perfectly all right with me for you to pick out New York.

Mr. MAISEL. In making that list may I suggest that you distinguish as to whether these hospitals are primarily custodial, to take

senile and other such hopeless cases or whether they are hospitals taking cases in which there is a hope of cure. For instance, the Northampton Hospital in Massachusetts, as I understand it, is a hospital in which the State of Massachusetts concentrates its cases where there is a hope of quick cure, and therefore it has a high ratio of doctors there, whereas in institutions which are primarily custodial the function of the doctor is not primarily that of a psychiatrist, but that of a doctor in a place where many people may be ill.

The CHAIRMAN. We will get all that information.

Let me get back to one other thing. There has been talk about the food cost per day. In the veterans' hospitals it is 47½ cents per patient per day. In Massachusetts the Danvers State Hospital, instead of paying 47½ cents per day per patient for food, pays 28 cents a day. In the Metropolitan State Hospital they pay 30 cents a day, and in the Northampton Hospital they pay 25.45 cents a day, as against 47½ cents a day in the neuropsychiatric hospitals of the Veterans' Administration.

In the State of New York, the Buffalo State Hospital pays 27 cents a day; and Creedmore 27½ cents a day; at Rochester 30 cents a day.

In North Carolina, the hospital which has been referred to, they pay 14 cents a day, whereas in the Veterans' Administration neuropsychiatric hospitals the cost is 47½ cents a day.

Mr. ERVIN. I happen to know about North Carolina, in connection with the State hospitals for the insane in North Carolina. They operate large farms where they get most of their foodstuffs, and a good many of the patients work on the farms, which is good both for their bodies and their minds.

The CHAIRMAN. That is right.

Mr. ERVIN. I think the situation in North Carolina can be improved, of course.

The CHAIRMAN. I want to say to the gentleman from North Carolina that there is a footnote here showing that this is exclusive of items produced on the farm. I think you will find in connection with some of the NP hospitals in some of the Western States that they also have farms.

Mr. CUNNINGHAM. It seems to me, Mr. Chairman, that the amount per day per patient or per man in the Army has nothing to do with it. There is no set basis to go on in determining whether or not they get sufficient food. You have to take into consideration the number in the institution. A company of 150 men might have very hard sledding on a certain amount of money, whereas with a company of 300 men they might feed on the fat of the land. A hotel loses money serving 50 customers, but will make money serving a hundred. I do not think those figures can be relied on in this investigation.

The CHAIRMAN. I was merely making a comparison.

Mr. CUNNINGHAM. I was not criticizing the chairman. I just wanted to make that observation that I do not think these figures given by the witness or anyone else as to the amount allowed per patient have any sound base at all. You have got to take into consideration how many are in the hospital and make your comparison that way.

The CHAIRMAN. The gentleman from North Carolina [Mr. Ervin] gave the best answer to that proposition, that a good many of the

States have their own farms that produce food. But they certainly do not produce nurses, doctors, and attendants. So the figures that I gave are just unanswerable.

Mr. ERVIN. I think most of these shortages are caused by a fellow named Hitler.

The CHAIRMAN. He had some help from a man named Mussolini and a fellow named Hirohito, who is still helping. But these facts have been brought out, and we are trying to correct the situation. I want to say that we are going to act on legislation just as quickly as we can to try to correct whatever is wrong.

Mr. DOMENGEAUX. What was the comparison made by the witness? I do not remember.

Mr. MAISEL. In respect to what, sir?

Mr. DOMENGEAUX. The number of doctors in veterans' hospitals compared with those in State hospitals and, correspondingly, nurses and attendants. I think you made some reference to that.

Mr. MAISEL. I think there are some references. I would like to look them up.

The CHAIRMAN. We are going into that.

Mr. MAISEL. The only thing I want to say is that it does not matter how much you pay for the food, the vital question is the end result on a man's tray. You can be paying a good deal for the food and yet get a poor end result.

The CHAIRMAN. We will have testimony on all the food supplies in all of these hospitals. So, let us proceed with the investigation.

Mr. MAISEL. Mr. Chairman, on the first day of this hearing I introduced into evidence a document from the Minneapolis Hospital, but somehow it never got into the record. I wonder if we can insert it in the proper place in the record.

The CHAIRMAN. What is it?

Mr. MAISEL. A record of treatment, and so forth, in the Minneapolis Hospital.

The CHAIRMAN. It may go into the record at the point where it was offered.

Mr. HUBER. Mr. Chairman, I sent a wire to the Glen Lake Sanatorium at Minneapolis, Minn. I was advised that as of the present day they have 400 resident tuberculosis patients, and in 1940 they had 592.

I would like to put this telegram into the record.

The CHAIRMAN. That is a State hospital?

Mr. HUBER. Yes.

The CHAIRMAN. Without objection it may be inserted in the record at this point.

(The telegram referred to is as follows:)

MINNEAPOLIS, MINN., May 23, 1945.

WALTER B. HUBER,

Member of Congress, Washington, D. C.

In reply to telegram of Glen Lake Sanatorium gave care to 569 resident patients, 23 nonresident, or total of 592 on May 22, 1940. On May 21, 1945, it gave care to 40 heart cases, 72 nonresident tuberculosis patients, and 400 resident tuberculosis patients, or a total of 512. It also had 152 vacancies for tuberculosis and 14 for cardiacs. Letter follows.

E. S. MARIETTE,
M. D., Glen Lake Sanatorium.

Mr. GREEN. That confirms what Mr. Maisel testified.

Mr. MAISEL. Mr. Huber, that is a county hospital, not a State hospital.

Mr. HUBER. Yes. The veteran load is increasing. Tuberculosis is being licked in most communities. In giving your statistics of the number of cures have you taken into consideration the greater number of young men who are being admitted to hospitals? As I understand it, patients who have tuberculosis in their twenties, by the time they are 40 are either dead or cured.

Mr. MAISEL. That is a pretty broad statement, but if you soften it a little, in general it is right. It would be a pretty hard thing to analyze, because, for one thing, in the last few years these young men have been brought in large measure from the Army, and they are now entering the veterans' hospitals with TB.

The CHAIRMAN. I am going to say to the gentleman from Ohio [Mr. Huber] that we are going to have some physicians to whom these questions can be propounded. This gentleman is not a doctor, and I would like him to testify to matters with which he is familiar.

Mr. MAISEL. I am familiar with that.

Mr. McQUEEN. Mr. Maisel, you have visited, in connection with writing these articles, veterans' hospitals, all of which are in New York and Massachusetts, with the exception of Hines, in Illinois, and the one at Minneapolis; is that correct?

Mr. MAISEL. And Washington and Perry Point.

Mr. McQUEEN. In Maryland, just over the line?

Mr. MAISEL. And in New Jersey.

The CHAIRMAN. Suppose you put into the record the names of the nine hospitals visited by the witness.

Mr. McQUEEN. Minneapolis Hospital, Castle Point Hospital, Sun Mount, N. Y., Hospital, Northport Hospital in New York, Castle Point Hospital is also in New York. Hines Hospital, Chicago, Ill., Lyons Hospital, New Jersey; Hospital No. 81, Bronx, N. Y.; the hospital at Perry Point, Md.; the hospital at Rutland Heights, Mass.

Mr. MAISEL. Incidentally, I have in past years visited certain other veterans' hospitals, not with the purpose of preparing articles.

Mr. McQUEEN. Do you know how many doctors are employed by the Veterans' Administration? Did you find that out in your inquiries throughout the entire United States?

Mr. MAISEL. I found out that some time past the figure was 1,700. I do not know what the current figure is.

Mr. McQUEEN. What was the figure at the time you wrote your articles and visited these hospitals which are mentioned in the record here?

Mr. MAISEL. My impression is that it is in the neighborhood of 1,700.

Mr. McQUEEN. That is both military and civilian?

Mr. MAISEL. That is my impression.

Mr. McQUEEN. Both in the field and in the central office here in Washington?

Mr. MAISEL. You are asking me to recite it from memory. That is my impression. I do not know whether that applies to the central office or not. What figure do you have?

Mr. McQUEEN. Mr. Maisel, in your second article, in April, you made some statements in regard to the over-all examination that you made of

these hospitals, and you stated that thousands of veterans were being neglected. Is that right?

Mr. MAISEL. Will you show me the statement so I can be sure it is right?

Mr. McQUEEN. It is the first two lines of your statement.

Mr. MAISEL. That is right.

Mr. McQUEEN. Is that correct?

Mr. MAISEL. That is correct.

Mr. McQUEEN. You stated that there are thousands of veterans being mistreated. Is that right?

Mr. MAISEL. There are four words used in conjunction there, neglected, mistreated, underfed, and discharged.

Mr. McQUEEN. In other words, you stated that there are thousands of veterans in the over-all picture of 94 hospitals who were neglected, mistreated, underfed, and discharged to an almost certain death. Is that right?

Mr. MAISEL. That is right.

Mr. McQUEEN. You make those statements and they are your conclusions after your visits to nine hospitals, two of which are TB hospitals and two others of which have TB wards?

Mr. MAISEL. The mental hospitals also have TB wards. But the point of the statement is this. It is based on the fact that at those hospitals I found conditions and records which are in conformity with the records published for all of the TB hospitals by the Veterans' Administration.

Mr. McQUEEN. In other words, you found the cause producing the same result, and you found the same result in the other hospitals. What was the result found in the hospital at Tucson, Ariz.? I will ask you that.

Mr. MAISEL. I think that in table 12 of the veterans' hospital annual report you will find the combined result for all other TB hospitals.

Mr. McQUEEN. You stated that those places are considered as hell-holes?

Mr. MAISEL. That is a statement of opinion, not only my opinion but the opinion I got from many of the patients.

Mr. McQUEEN. You said that they are disgraceful places?

Mr. MAISEL. To my mind it is disgraceful that a veteran should not get the best possible medical care.

Mr. McQUEEN. And they are heavenly places as compared with the two or three mental hospitals which you have visited and investigated?

Mr. MAISEL. To my mind any hospital, even a TB hospital, is heavenly compared with hospitals where restraints are used on mental patients.

Mr. McQUEEN. How many mental hospitals did you go into and make any investigation of?

Mr. MAISEL. I made a thorough investigation at Northport and Lyons. Those were the two that were named and suggested to me as fit places to visit, by Colonel Baird, in charge of the mental hospitals. If they were the places he would suggest, I would imagine that they are certainly at least as good as any he had.

Mr. McQUEEN. There was some statement in the record yesterday in regard to this picture that appeared in your April issue. Was there any reason why that photograph was taken of a man with a

uniform on rather than a man who would be in a bathrobe, such as a man who is a patient in one of these hospitals?

Mr. MAISEL. I want to state, in the first place, that the man is wearing pajamas. I want to state, in the second place, that I did not take that photo; I did not supervise the taking of it, and as a writer I didn't have anything to say about it. The *Cosmopolitan* lays out its articles. That is the function of the editor and the operator.

Mr. McQUEEN. With reference to the mental hospitals that you have reported upon and written your article about in the April issue, you stated, I believe, on Wednesday that you would not take the statement of any NP patient or any mentally deranged man as to what had happened?

Mr. MAISEL. I personally would not be inclined to take the unsupported statement of a mentally deranged man, simply because, as a reporter, I know that it would gain very little credence. As to whether I would take it for my own knowledge, I do not know; it would depend on circumstances and how deranged the man was.

Mr. McQUEEN. Did you use the statement of any mentally deranged man in writing your article of April 1945?

Mr. MAISEL. That is a pretty long article. Did I?

Mr. McQUEEN. I don't know. I am not answering questions. I don't know whether you did or not; I am asking you if you did.

Mr. MAISEL. I know at one point we quote the remark of a mentally deranged man in the presence of a doctor. The doctor said, "Did that hurt?" and the man pointed to his heart and said, "It hurts here." I don't think that is particularly significant. It was rather dramatic. I am not saying that these mental hospitals are bad because patients say so. General Hines admitted at Lyons that abuses had occurred.

Mr. McQUEEN. And your article is written upon General Hines' report of what he had released to the press as to conditions up there?

Mr. MAISEL. My article is written on a number of things. The beginning of that article concerns itself with conditions some months after General Hines admitted that abuses had occurred. I went to see whether they were corrected, and I went out there and found that the men who were charged with abuses had been either permitted to resign or had been transferred. Incidentally, if you have a man who has committed an abuse, it seems hardly proper to move him from one place to another. It does not get at the abuse.

Mr. McQUEEN. You stated on Tuesday that you had never served in any military establishment, but you had gained your information as a reporter with troops, both in the Pacific and in the Atlantic. I want to ask you, Did you have any motive in writing this article other than your interest for the veteran?

Mr. MAISEL. Absolutely no.

Mr. McQUEEN. None whatever?

Mr. MAISEL. None whatever.

Mr. McQUEEN. The amount of \$4,300, plus your expenses, did not prompt you to put any of these items in this article at all?

Mr. DOMENGEAUX. I think that is an improper question, Mr. Chairman.

Mr. MAISEL. Are you going to allow that question? I would like to answer the question, but I would like—

The CHAIRMAN. If it is an improper question, you do not have to answer it.

Mr. MAISEL. A man has a right to earn his living, and if he earns his living doing a public service—that is all you people are doing, too.

Mr. DOMENGEAUX. Why, of course.

Mr. McQUEEN. Your interest in the subject which you have selected has been prompted by your interest in the veterans of either this war or the last one; is that correct?

Mr. MAISEL. I went into some things in the beginning of this hearing to describe how I happened upon this subject, the point of that being, of course, that I approached it without prejudice. I want to say this, that I also made the point, I think, on Monday, that I had lost money on these articles. Let me expound upon that. It so happens that the records will show that I write many articles for both Cosmopolitan, the Reader's Digest, and other magazines. These two articles took the best part of 6 months of my time. They were very highly paid by these magazines because of the effort that went into them; but in an equivalent period of time I have earned substantially more money than this; and I very much resent the implication that my earnings were what made me write this and that I wrote it that way because of the earnings. I think that is a smear implication.

Mr. McQUEEN. If you had received an assignment to make a report on just the facts that you had gathered while you were at this place or that place, and those facts had been submitted without being put out to the public in a highly journalistic and prejudicial way, would those articles have been worth the price which has been offered and paid for them?

Mr. RAYFIEL. If I understand that question, I think it is highly improper. It is so laboriously put that I do not know that I understand it, but I think the implication is very apparent.

The CHAIRMAN. Read the question, Mr. Reporter.

(The question referred to was read by the reporter as above recorded.)

Mr. MAISEL. My regular price to the Cosmopolitan magazine is \$1.250 per week, the same as I got for this. My regular price from Reader's Digest has averaged between \$1,800 and \$2,000 per week.

Mr. KEARNEY. I move that the question relating to the price of the articles be stricken from the record.

Mr. MAISEL. I would prefer that it stay in the record, if it has any bearing.

Mr. DOMENGEAUX. It does not have any bearing.

Mr. MAISEL. I would prefer that the fact that the question was asked should stay in the record.

Mr. CUNNINGHAM. I do not believe it is material.

The CHAIRMAN. I do not think it would hurt anything to let it stay in the record. We might need this information later.

Mr. CUNNINGHAM. If the witness wants it in——

Mr. McQUEEN. It may be stricken out as far as I am concerned.

Mr. MAISEL. I would prefer that the record show the question was asked.

Mr. CUNNINGHAM. Is that because you want to write another article?

Mr. MAISEL. Absolutely not, sir. I think that the public can draw its own conclusions from the language of the questions that

have been asked me. If I am subjected to this, I think the public should be allowed to draw its own conclusions.

Mr. AUCHINCLOSS. I think this question should be deleted from the record, because we are concerned about these veterans' facilities, and not the private life of the witness. So I second Mr. Kearney's motion.

Mr. McQUEEN. I will ask that it be stricken from the record.

Mr. MAISEL. I will withdraw whatever weight my objection might have, in view of the feeling of the members of the committee.

The CHAIRMAN. Counsel asks that the question and answer be stricken from the record. Is there any objection to that? If not, it is so ordered, and we will proceed with the investigation.

Mr. McQUEEN. Mr. Maisel, in the main your April article, then, is merely your conclusions that you have drawn from the statement of General Hines and statements of the doctors and the man who was a nurse——

Mr. MAISEL. Have you read that April article?

Mr. McQUEEN. Yes.

Mr. MAISEL. Your question does not indicate it. That article concerns itself with about 50 different things.

Mr. McQUEEN. I want you to state what your conclusions were after you visited these mental hospitals, as to what was wrong with them at that time.

Mr. MAISEL. My conclusions were, first——

Mr. DOMENGEAUX. Has he not already stated what he found? I was not here yesterday and I do not know.

The CHAIRMAN. I should think, Mr. McQueen, he should state facts and not conclusions. He is not an expert; he has not qualified as an expert of any kind. He never studied medicine in his life and never practiced medicine a day. I think it would be best to ask for the facts, what he saw.

Mr. McQUEEN. He stated that all of his matters in regard to these two hospitals were based on this man who was an employee there, who is not there now, and upon General Hines' report.

Mr. MAISEL. You are misquoting the record. I did not state that. I stated the exact contrary, and I think the record will confirm me in that. I stated that I had reported in this article on perhaps 50 separate items. At the beginning of the article it concerned itself with Mr. Robert Hegler, his charges and General Hines' view of those charges, and what I found at the hospital about 10 weeks later. I then go on to concern myself with such incidents as Major Pressburg and the electro-shock treatment, or such incidents and facts as concern the use of prefrontal lobotomy, and many other matters concerning these hospitals.

Mr. McQUEEN. Did you see any of this shock treatment on patients?

Mr. MAISEL. I saw the shock treatment on a patient, as I described yesterday or the day before, who was called down, over my protest, so that Dr. Pressburg could demonstrate his technique.

Mr. McQUEEN. And you also stated that in your opinion that technique was not very good?

Mr. MAISEL. Did I state that in the article?

Mr. McQUEEN. You stated that before this committee.

Mr. MAISEL. In my opinion, the technique was not very good, and I can tell you precisely why. The doctor told me he had been given

a 2-week course in electro-shock at the Northport Hospital, the mental research center. He called himself, with a smile, an expert; and then he showed me that he had changed the technique he had been taught there, and was giving the patient a little more of this dial and a little less of that, because he thought it caused less fractures—one of the results of the convulsion that the shock throws a man into. I am not criticizing the shock treatment as such. Going into such a convulsion a man may fracture a bone. Many fractures do occur. Here was a doctor who admitted that he had only 2 weeks' training, a man who was a specialist in X-ray otherwise, modifying the prescribed treatment of that 2 weeks' training on his own initiative because he thought it was better. I do not think that is very good technique.

Mr. McQUEEN. That is your opinion, again?

Mr. MAISEL. Absolutely that is my opinion.

Mr. KEARNEY. Mr. Chairman, I would like to ask a question for my own personal information. Sooner or later members of Congress who visited and investigated these hospitals are bound to testify. I am not a medical man; I am a layman, and this is not a court of law, and naturally, in my testimony before this committee, I am going to draw certain conclusions as to what I saw. I cannot testify unless I do. Why should not the witness be allowed to testify as to his conclusions, if we are simply here as an investigating committee?

The CHAIRMAN. You are in a different position from the witness, who is not an expert. You are a Member of Congress and have to legislate on these matters.

Mr. KEARNEY. But the fact that I am a Member of Congress does not make me an expert.

The CHAIRMAN. But you have to vote on the conclusions that you reach.

Mr. MAISEL. I am not anxious to testify to my conclusions. I am answering questions.

Mr. KEARNEY. If we are allowed to testify to what our conclusions are, why should not any witness who comes before us be allowed to testify to what his conclusions were regarding what he saw?

The CHAIRMAN. Counsel attempted to ask a question and there as an objection raised to the witness stating his conclusions.

Mr. MAISEL. The question called for my conclusions, and after I finished answering it the counsel said, "That is your opinion?" Of course it is. That is what he asked for.

Mr. DOMENGEAUX. What I object to is this. He should state the facts first and then draw his conclusions. I do not want to hear his conclusions before I know the facts.

Mr. MAISEL. He asked me as to my conclusion. I am in this position because of the question.

Mr. DOMENGEAUX. We want all the facts and your observations.

Mr. MAISEL. Insofar as the questions permit, I will do my best to give you the facts and then conclusions.

The CHAIRMAN. I would like to say to the counsel and members of the committee that what we are trying to do is to expedite this investigation as much as possible. We have a great deal of legislation piled up on our desks. I realize that a great deal of this testimony is irrelevant and immaterial, and these conclusions from a nonexpert witness take up time and encumber the record.

Mr. MAISEL. I am quite content to rest the record on my article.

The CHAIRMAN. I am anxious to finish with this witness in order to get down to the legislation that we think is necessary to cure whatever bad situation exists.

Mr. McQUEEN. I will ask you if you saw a patient struck while you were at Lyons or the other mental hospital?

Mr. MAISEL. Obviously, no. Who is going to strike a patient in the presence of a reporter?

Mr. McQUEEN. You did not?

Mr. MAISEL. No.

Mr. McQUEEN. Did you see a patient locked up while you were there?

Mr. MAISEL. Yes.

Mr. CUNNINGHAM. I think that answer of the witness should be stricken, because he answered the question and then went ahead and made a speech. That is one of the difficulties with this witness; he is confusing his speeches with his testimony.

Mr. MAISEL. I will withdraw the speech part of it.

The CHAIRMAN. Personally I would rather the answer would go into the record.

Mr. CUNNINGHAM. All right.

The CHAIRMAN. If I may do so without being accused of unloading on any state, I would like to ask where the Lyons Hospital is situated?

Mr. MAISEL. In the State of New Jersey, Mr. Chairman.

The CHAIRMAN. I understand that Northport is in New York?

Mr. MAISEL. Yes.

The CHAIRMAN. Those are the two NP hospitals that you visited?

Mr. MAISEL. That is right.

Mr. McQUEEN. I want you to state the facts about what you saw in connection with a patient who was locked up, as I believe you stated in your article, or confined.

Mr. MAISEL. What page are you on?

Mr. McQUEEN. I do not know where it is in the report.

Mr. MAISEL. What page are you on now?

Mr. McQUEEN. I am on page 82.

Mr. MAISEL. I can read it from the article. Has the whole article been entered in evidence?

Mr. McQUEEN. It will be. Go ahead.

Mr. MAISEL. In the so-called disturbed ward at Lyons they have a number of small rooms with secured windows and locked doors and small portholes in the doors, which are known as seclusion rooms. The furniture in these rooms, as I saw it through the portholes, is limited to a bed. In these rooms I was told by Capt. Harry Hoffman they put the disturbed patients, who are put into what he called seclusion. We looked through various of these portholes, and then the door of one of these rooms was unlocked and the patient, an elderly man, by his appearance, wearing soft slippers and the usual hospital dress, came up to the door and stopped when he reached the threshold. I asked Captain Hoffman, "Is he suicidal?" Captain Hoffman replied, "No; we keep him here to protect him from the other patients. If we let him out he might get hurt."

Mr. McQUEEN. Was there anything wrong about that? Was the man confined in such a way that there was anything wrong about it?

Mr. MAISEL. It seems to me that to confine a weak man simply because the hospital is incapable of controlling its other violent patients is, in the first place, to do an injury to the man who is confined, and, in the second place, it is an abdication of the function of the hospital.

Mr. McQUEEN. Is that the only man you saw confined?

Mr. MAISEL. No; there were men in four other of these booths. We did not open the doors, and I do not know why they were confined. They seemed to me to be younger men, and I assumed they were confined as violent patients.

Mr. CUNNINGHAM. Assuming that there is a shortage of help, do you think it would be better to let that patient out and let him go home? It seems to me that your answer would indicate that.

Mr. MAISEL. It is best, of course, not to let a patient get hurt. However, there was help all around this hospital, visible to me, and not working on the wards.

Mr. McQUEEN. Did you not complain yesterday that there was a shortage of help at Lyons, such a shortage that they could not take care of the patients that were confined there?

Mr. MAISEL. That is the claim of the Lyons administration and of the Veterans' Administration as worded in General Hines' press release, that one of the reasons is the shortage of help. However, I think that the utilization of such help as they have, which, from what I saw, was not the most intelligent that could be utilized—I have seen better utilization of the help in other hospitals. That is a conclusion arising from the question.

Mr. KEARNEY. I do not like to break in on counsel's questioning, but right at that point I would like to ask Mr. Maisel if he knows how many conscientious objectors were on duty there.

Mr. MAISEL. I was told 140.

Mr. KEARNEY. My information was 168 when I was there.

Mr. MAISEL. It may have fluctuated. They are probably assigning people and taking them away.

Mr. KEARNEY. Did you talk with any of those conscientious objectors who were attendants?

Mr. MAISEL. I did not have any separate interviews with them. In the presence of some of the doctors we had casual conversations. For instance, I asked Captain Hoffman at one point whether restraints were used, and the attendant, who by his uniform seemed to be a conscientious objector, handed me——

Mr. KEARNEY. But I was speaking of the type of attendant.

Mr. MAISEL. I would like to say in respect to the conscientious objectors that to my mind they are the very highest type of attendant.

Mr. KEARNEY. Do they function very properly as attendants for those disturbed cases?

Mr. MAISEL. I do know that many veterans have told me that if they were in a mental hospital they would resent being cared for by a man who not only was not a veteran but who, for one reason or another, however well justified, had avoided being a veteran. I think there must be a lot of resentment particularly among the paranoid cases, who feel that injustice is being done. I think it was very ill-advised to place conscientious objectors in a mental hospital for veterans.

Mr. KEARNEY. It was very ill-advised to place conscientious objectors in any hospital where there are veterans.

Mr. McQUEEN. Or any place else.

Mr. MAISEL. It is a difficult problem. I do not want to criticise the conscientious objector. Congress has set up laws for him, and once he has come under those laws he is a man in a box: he cannot do anything else.

Mr. McQUEEN. Did you find in going through Lyons Hospital in New Jersey, and the other one at Northport, that there was anything good at all that these hospitals did in the handling of patients? Did you find anything good there?

Mr. MAISEL. Why, of course.

Mr. McQUEEN. Did you report anything good?

Mr. MAISEL. It was my purpose in this article to describe these hospitals and to describe their inadequacies, which struck me as many and very severe. The buildings are very beautiful; the buildings are adequate. I have spoken of them in the articles. I have spoken of particular doctors and complimented them. I have spoken of a surgeon and said that in my opinion he was a very good surgeon, from what I was able to see of his work.

Mr. McQUEEN. Did you put any of those things in your articles in either March or April?

Mr. MAISEL. That is in the article.

Mr. McQUEEN. Call the attention of the committee to where it is in the article.

Mr. MAISEL. I interviewed Maj. William A. Loeb, who performs these operations as part of his duty as chief of the surgical service at Lyons. He is a good surgeon. He must have performed a wide variety of operations, evidenced by the patients he showed me.

Mr. McQUEEN. Is he the doctor who performed this electric-shock treatment?

Mr. MAISEL. No; he performs the prefrontal lobotomies. He is chief surgeon.

Mr. McQUEEN. Did you see him perform any operations?

Mr. MAISEL. No. I spent an hour and a half with him and he showed me various patients and showed me scars and the condition of the patients.

Mr. McQUEEN. Was your opinion that he was a good surgeon formed in talking with the patients?

Mr. MAISEL. Quite so. The patients seem to like him.

Mr. McQUEEN. These were mental patients?

Mr. MAISEL. These were mental patients.

Mr. McQUEEN. Do you know what the final outcome of the operation was, whether or not it was entirely successful, and so forth?

Mr. MAISEL. Mr. Rankin has brought out the point several times that I am not a medical expert. Are you questioning me as a medical expert?

Mr. McQUEEN. No. I just wanted to know the good things that you brought out, if you brought out any in your two articles.

Mr. MAISEL. Why don't we stick to the record of the articles? I have cited it. If you want me to go all through the article and pick out items I think I can cite several others.

Mr. McQUEEN. Your idea in bringing these things before the public and before this committee was to bring out the good things as well as the bad things that happened, that you saw in these hospitals and in these facilities? Is that right?

Mr. MAISEL. It was my idea in reporting on these hospitals to call the attention of the public primarily to their failings. I do not have to call the attention of the public to the good things and to say that on the one hand it is pretty good and on the other hand it is pretty bad. I did, in all fairness to individuals and in all fairness to the institutions, go out of my way to do that in a number of places. But certainly the purpose of these articles is evidenced by the hearings we are having here today. The fact that these and other articles have been published is what has aroused the public and brought about this thoroughgoing investigation. I hope it will be thoroughgoing.

Mr. McQUEEN. Have you any idea that it will not be?

Mr. VURSELL. Mr. Chairman, may I ask a question for the benefit of counsel and myself? I was hoping that we would get to the Hines Hospital in Illinois. Is it listed in the article you are working on today?

Mr. McQUEEN. It is referred to.

The CHAIRMAN. I want to ask one question before we leave this matter of treatment in the neuropsychiatric hospitals. These neuropsychiatric hospitals are what, if they were State institutions, would be called insane asylums?

Mr. MAISEL. Not generally. That term has been abandoned by most States.

The CHAIRMAN. These are institutions for mentally deranged people. As a matter of fact, do you not think the treatment accorded to the NP patients in the veterans' hospitals, on the part of nurses, attendants, and doctors, is really far more kindly than in the State institutions?

Mr. MAISEL. I can only speak, Mr. Rankin, for those State and Federal institutions outside the veterans' system that I have visited; in particular, two that I visited during the period I was writing these articles, St. Elizabeths here in Washington, which has 1,500 Navy veterans, or had at the time I was there, and Kings Park Hospital in New York State, which had about 980 veterans at the time I was there. I particularly visited hospitals which had veterans, so that comparison could be made on the basis of the same type of patient; and I would say, Mr. Rankin, that I have not been able to find in either of those hospitals instances of the particular types of abuses that I was able to find, except at Lyons, but that records show have occurred in a number of other places.

The CHAIRMAN. Do you mean to say to the committee that you found veterans were better treated at St. Elizabeths than at Perry Point, Md.?

Mr. MAISEL. In my opinion, they are better treated physically and medically at St. Elizabeths.

The CHAIRMAN. St. Elizabeths is an institution owned by the District of Columbia?

Mr. MAISEL. I believe St. Elizabeths comes under the Federal Security Administration, sir.

The CHAIRMAN. We have had some experience that we will take up at a later time. There is no use spending your time with it.

Mr. McQUEEN. Mr. Vursell wants some testimony on some of your observations at the Hines Hospital in Chicago, which I believe is covered in detail by your articles.

Mr. MAISEL. The Hines Hospital at Chicago and No. 81 in New York are both general hospitals, as is the Minneapolis hospital also.

Mr. McQUEEN. How long did you spend in the Hines Hospital in Chicago?

Mr. MAISEL. I spent an entire day.

Mr. McQUEEN. Who did you talk with?

Mr. MAISEL. I talked with the assistant manager, the clinical director, the director of their—I want to be sure I use the exact name they use. They have a special section in the Hines Hospital devoted to the examination of special types of cases referred there by other hospitals. It is the diagnostic center. I talked to Dr. Randolph, the head of their diagnostic center, and a number of other physicians.

Mr. McQUEEN. What class of patients did you particularly observe in the Hines Hospital?

Mr. MAISEL. My particular interest in the Hines Hospital was to obtain a general statistical picture from the head of the hospital with respect to the number of physicians available, the number of patients, the waiting list, and so on. I then visited with Dr. Randolph at the diagnostic center to find out what I could about that diagnostic center.

Mr. McQUEEN. In your opinion, after a day's visit there, what did you find wrong with the Hines Hospital?

Mr. MAISEL. In the first place, I found a very substantial waiting list. If I can go back to my notes, I might be able to pick up the exact figure, but I think it was somewhere in the neighborhood of 250. These men who were reaching the top of the list had been waiting for 42 days. A man gets on this waiting list only after examination which rates him as medically qualified for entry into the hospital. I suppose the emergency cases are handled more quickly. If a man is going to die before a certain period of time is past, he certainly gets into the hospital. But the average patient who is medically qualified on the hospital's own rating still has to wait about 42 days to get in. I think that is a significant point, gentlemen, because I did not discover this fact of the waiting list until I got to Hines, the third hospital I visited.

Mr. McQUEEN. Was that waiting list to go through the diagnostic center with the men in the hospital or with the men waiting in Chicago?

Mr. MAISEL. It is a waiting list of the men waiting outside of the hospital for admission to the hospital.

Mr. McQUEEN. Where did most of those men come from?

Mr. MAISEL. From the district which is served by the Hines Hospital.

Mr. McQUEEN. And they were generally patients at another hospital which had been referred there?

Mr. MAISEL. No, sir.

Mr. McQUEEN. They were men on the outside going directly into Hines Hospital?

Mr. MAISEL. Primarily.

Mr. McQUEEN. Is that your information?

Mr. MAISEL. That is my information. The diagnostic center is a small part of this very large Hines Hospital. The Hines Hospital has something in the neighborhood of 1,700 beds. The diagnostic center has 50 beds or fewer. It had been a much larger center and had been gradually cut down.

Mr. McQUEEN. What wards did you go into?

Mr. MAISEL. I visited several of the orthopedic wards. I visited the diagnostic center with Dr. Randolph.

Mr. McQUEEN. Those are the only two places?

Mr. MAISEL. Yes, sir.

Mr. McQUEEN. What did you find wrong in regard to the food there?

Mr. MAISEL. I did not investigate the food, and I did not report upon the food.

Mr. McQUEEN. Did you eat there?

Mr. MAISEL. No; I did not—yes; I did have lunch with the officers there.

Mr. McQUEEN. What did you find in regard to the amount of doctors that were there to take care of these patients?

Mr. MAISEL. I found that they had some shortage of doctors and a pronounced shortage of nurses and attendants.

Mr. McQUEEN. Did you find that the hospital was overcrowded in the part that you investigated?

Mr. MAISEL. I found they had 1,771 beds and 1,615 cases at that time. The unoccupied capacity was 125. The receiving service had an excess of 31 patients who had been distributed to other wards where there was unoccupied capacity, and the waiting list was in the neighborhood of 200. As a matter of fact, I have the exact figure for the waiting list.

Mr. McQUEEN. Let me inject this right here: What was that waiting list for?

Mr. MAISEL. For admission to the hospital.

Mr. McQUEEN. Under all conditions?

Mr. MAISEL. Under all conditions.

Mr. McQUEEN. And yet there were 100 beds that were available and were not being used when you were there?

Mr. MAISEL. That is right. There is nothing wrong with that in a hospital, because you always should have some cushion in case the Army suddenly sends you emergency cases. I do not mean to criticize the fact that they kept some beds unoccupied while men were on the waiting list. That is good medical practice. What I am criticizing is the fact that men are on the waiting list for long periods of time in the veterans' hospital and an adequacy of beds has not been provided.

Mr. McQUEEN. Would you say that Hines Hospital was a well-run institution?

Mr. MAISEL. I did not write about Hines Hospital as such.

Mr. McQUEEN. You visited it?

Mr. MAISEL. I visited it.

Mr. McQUEEN. Would you say now that it was well run?

Mr. MAISEL. Insofar as I was able to see at Hines, with some exceptions, it seemed to be a well-run institution. But my visit to Hines was limited, because I spent most of my time there going into the question of the diagnostic center, which is almost a separate hospital within this hospital.

Mr. McQUEEN. But you did not report on that in either one of your articles, nor did you comment upon the well-run hospital at Hines, Ill.?

Mr. MAISEL. There was a third article contemplated on the general hospitals of the Veterans' Administration. That third article has not yet been published.

Mr. VURSELL. I do not have any of the articles before me, but I believe there was some comparison made with regard to the treatment of

tuberculosis patients at some hospital in New York which had a much better record of curing than they had at Hines?

Mr. MAISEL. No; not Hines. The comparison was made with the Veterans' Administration as a whole, on the basis of their table 12 figures, and with the particular figures, I believe, of Castle Point and, particularly, of Minneapolis. There were three hospitals in New York used for comparison. The fourth was eliminated because it is a hospital that takes only minimal cases.

The CHAIRMAN. Hines has a cancer center, too, does it not?

Mr. MAISEL. A cancer and tumor center; but I did not visit that, because my interest was primarily in the World War II veteran. Cancers and tumors generally develop among men of older ages; and most of the patients, I was given to understand, were World War I cases.

Mr. VURSELL. Mr. Chairman, I would like to follow up his comparison of tuberculosis cases. I would like to say for the record that some 3 weeks ago I visited Hines Hospital. I went through the kitchen, investigated the kitchen and the storerooms, talked with their chief dietitian. They not only have a chief dietitian, but they have a dozen others. I submitted in my report the menus used for those patients for the first 3 months of this year. I must say that I was impressed with the preparation of the food and with the fact that they did everything within their power to serve it warm. The dining rooms were in good shape. Their recreational centers are splendid, and in that effort they have the cooperation of many organizations from the city of Chicago. They have picture shows, entertainments, and lectures at least once every evening or day. They have outside consultants, 22 famous doctors from Chicago, probably one of the most famous in the world on tumors.

Mr. MAISEL. Dr. Cutler.

Mr. VURSELL. They come out to the hospital and often are in attendance helping to supervise any serious surgical and other cases. I submitted for the record the background of those consultants, the background of all of the doctors that are now on the staff of Hines Hospital. I was informed that they have something like 1,900 beds, that they keep a waiting list for emergencies, that they do have a waiting list such as Mr. Maisel referred to, and that they do take those who are of the greatest emergency. I find that they have plenty of nurses, but their main difficulty is because of the low wage scale for attendants, and they have had a very difficult time in keeping proper attendants.

I gave particular attention to the tuberculosis ward, and I found that when you make a comparison of the general hospitals of the country, as to their cures of tuberculosis, in comparison with the veterans' hospitals, they work on a different plan of arriving at statistics. I think it might be of interest to this committee to know that the greatest number of deaths from tuberculosis patients at Hines Hospital, which I think might be comparable to the treatment of such cases in other hospitals, are among World War I veterans.

I also have a table showing the death rate of World War I veterans and World War II veterans. For the year 1944 it shows that in the tuberculosis center in this hospital there were 93 deaths of World War I veterans and only 14 World War II veterans; that the great majority of patients were of World War I.

The CHAIRMAN. Tubercular patients?

Mr. VURSELL. Yes. Now, the important matter that I would like to put into the record is with relation to the system they use in comparison with other hospitals and the veterans' hospitals, as to what they term "cured" patients. The term "cured" is never employed in relation to tuberculosis, according to the diagnostic standards adopted by the National Tuberculosis Association and accepted by the medical profession and by the Veterans' Administration. The term "apparently cured" may be applied to a patient whose case has been arrested for a period of 2 years, during which he has been living a normal life. It is, therefore, evident that a patient having pulmonary tuberculosis can never be discharged from a hospital as apparently cured, since that classification can never be applied to his case until 2 years after his discharge. They go on and discuss that, showing that the rule laid down in veterans' hospitals, proved by the standards that I have quoted, makes a difference, and the difference is only about three or four points between the hospitals compared with New York and the general average of the veterans' hospitals all over the United States; and the discrepancy is by reason of the fact that they make the computation on a different formula from that made with hospitals under the jurisdiction of the Veterans' Administration.

If I may have 1 minute more. There was something said about patients leaving the hospital—

The CHAIRMAN. We are going to try to get through with this witness by 12 o'clock. This is the third day with him, and it seems to me that we have about all the testimony he has to offer. If we take that much time with every witness, we are going to be here until after the next war. What I want is to get legislation that will cure whatever is wrong with the veterans' hospitals.

Mr. VURSELL. Listed here are the reasons given for leaving the hospital. During the year 1944 a total of 41 left. Their reasons were as follows: Continued rest treatment at home, 21; business and administrative affairs, 7; change of climate, 3; taken home, 3; dissatisfied with food or care, only 2; refusal of passes, 2; unclassified, 3.

Which I think, in view of all this testimony, indicates that a very low percentage left the institution, and only 2 out of 41 left it for any reasons that they held against the treatment or food of the institution.

The CHAIRMAN. That is at Hines, Ill.?

Mr. VURSELL. Yes.

Mrs. ROGERS. I think it would be helpful to have the number of cures of cancer of the thorax go into this record.

Mr. MAISEL. I stated that I did not go into the tumor angle, because that is primarily for World War I cases, and I was interested in World War II cases. I understand the hospital has a very high reputation.

Mrs. ROGERS. It has, everywhere. They have had 40 cures of cancer of the thorax.

Mr. MAISEL. Dr. Cutler, who is their consultant, is one of the best tumor men in the country.

My comparisons of these hospitals never used the word "cured." I compared them on the National Tuberculosis Association basis of comparing arrested cases with arrested cases, and comparing cases which were quiescent, apparently arrested, or arrested, with those of

the same group in the other hospitals. I was in on that situation, and my comparisons are based upon the situation which you have called to the committee's attention.

Mr. BENNETT. Before we dismiss this witness, I would like to hear him make, if he cares to do so, any constructive suggestions that he has in mind about what kind of legislation is necessary to cure the kind of complaints that he has made.

The CHAIRMAN. I think we had better confine it to what he knows, because we are going to have some legislation before us that will come up for discussion. If we go into suggestions as to legislation with every witness we have before us, at the rate we are going, we will never get through.

Mr. MAISEL. I would very much appreciate it if I may be allowed not more than 5 minutes to make a few suggestions as to legislation, based upon what I have seen.

The CHAIRMAN. This is an administrative problem.

Mr. CUNNINGHAM. Could you put them in writing?

Mr. MAISEL. I could; but it will not take me over 5 minutes to make the suggestions right here.

The CHAIRMAN. Did you say you had another article written on this matter?

Mr. MAISEL. No; I said it was contemplated.

The CHAIRMAN. I thought you said you had it prepared for future publication.

Mr. MAISEL. No. I said I had been visiting other hospitals, preparing another article. Since this hearing has come into effect, I do not think there will be any need for it.

Mr. CUNNINGHAM. I have been disturbed by one thing in going through these hospitals—I guess I am old-fashioned—but I find hospitals located in climates which used to be considered not good for many tubercular patients. I inquired about it, and I find that the up-to-date medical opinion is that a tubercular patient can be treated just as well in Washington or Pennsylvania as in Arizona or some other western climate. However, I did run into this—and I wondered what your observation had been—that the patients do not know it in some cases, and they do not believe it when they do know it. The fact that they think they would be better off in Arizona or New Mexico, even though they would not be, does the fact that they believe so have any detrimental effect? Did you run into that situation?

Mr. MAISEL. I did run into that situation. I would suggest to the committee that comparison be made between the lecture which is given to these patients at the time they enter the hospital to explain to them the nature of their disease and the type of lecture which is given by the Army Air Corps to persons who enter convalescent hospitals. You will find that in the veterans' hospitals the approach is very unintelligent and does not get over to the patients; whereas in the Army's convalescent hospitals, although they have a somewhat different problem, they manage to get over to the patient, through their well-compiled booklets, the facts about their case and the necessity for proper treatment; and the patients, I think, are much more cooperative in the Army and Navy convalescent hospitals, in large measure because of the aggressive and progressive way in which they are approached by the medical people.

Mr. HUBER. Is not that partly true because the Army doctor says, "Get back into bed," and the patient knows that he has to get back into bed and does so?

Mr. MAISEL. No; I don't think that is the case. In the Army, so far as hospitals or convalescent centers of the Air Force are concerned, they very much avoid that and go to great pains to tell the patient of his condition, because they recognize that much depends upon the patient's understanding of his condition and his willingness to go through the routine.

Mr. CARNAHAN. Is a patient permitted to leave an Army hospital of his own accord?

Mr. MAISEL. No, sir.

Mr. DOMENGEAUX. Do you have this literature that you mentioned?

Mr. MAISEL. I have some of it, but you can get it from Col. Howard A. Rusk. The Army Air Force has some very good literature which you can get from Major Barton in the office of the Surgeon General. The Navy has some very good literature which you can obtain from Miss Murphy, Admiral McIntyre's secretary.

Mr. BENNETT. I want to move, Mr. Chairman, that this witness be given 5 minutes in order——

The CHAIRMAN. Just make your motion and we will rule on it.

Mr. BENNETT. What constructive suggestions do you have which this committee may incorporate in legislature to cure the defects about which you have complained?

Mr. MAISEL. I have nine suggestions that seem to me to be subject to legislation rather than for administrative action within the Veterans' Administration.

In the first place, I would recommend that some way be found to remove the apparent discrimination against a single man in respect to his compensation when he enters a veterans' hospital. As things stand at present, a man without dependents——

The CHAIRMAN. Suppose you read your recommendations and we will discuss them later.

Mr. MAISEL. Secondly, I would suggest that the veterans' hospitals be permitted to follow the procedure of many States and counties by having boards of lay visitors who would visit neuropsychiatric and other facilities, a separate board from each hospital, made up of people of the community, and preferably from the service organizations. I think that periodical visits of that sort would result in a clean-up long before situations have developed to anything like the extent they are now.

Third, I would recommend the raising of salaries, particularly in the lower levels. I refer to attendants, nurses, and doctors, in the lower levels. The salaries of doctors in the upper levels seem fairly adequate, to me.

Fourth, I would recommend that some provision be made to provide incentives for postgraduate study. At present the doctor has to take it on his own time or has to be given time in order to take it. I think he ought to be paid to take it. It improves his service to the Veterans' Administration.

Fifth, I would recommend that you codify the laws relating to veterans, particularly those relating to veterans in their relation to the hospitals.

Sixth, I would recommend that a Surgeon General, or some equivalent officer, with at least the degree of autonomy give to the Surgeon General of the Public Health Service, under the Federal Security Administrator, be set up in the Veterans' Administration, and that the veterans' hospitals be given at least the degree of autonomy from the general set-up of the Veterans' Administration that exists as between the Public Health Service and its parent body. In relation to that recommendation I would, however, urge that you seek a way around a grandfather clause which would automatically let the doctors who are now in the hospitals into a corps and give them an even greater measure of security without respect to their professional proficiency.

The CHAIRMAN. You mean you would freeze the doctors that we now have?

Mr. MAISEL. No; I would try to avoid freezing them, if it is legally possible.

The CHAIRMAN. In other words, you would give the Veterans' Administration a free hand to get rid of them or replace them?

Mr. MAISEL. Before you put them all into a corps I would certainly give the proper administrative directors the right to get rid of those who could not get into the corps in the first place.

The CHAIRMAN. In that respect I will say that we have a remedy worked out that we hope to get to, when we get through with the witnesses, that I think will be more effective than what you suggest.

Mr. HUBER. Would you recommend their going through the Civil Service?

Mr. MAISEL. I am not an expert on that; but I would give the doctors a greater feeling of security in the practice of their profession. I am not talking of job security, but security in practicing their profession. Doctors feel that they are under laymen in many hospitals and that they are under lay control in the Veterans' Administration, and that restricts their practice and their judgment in practicing their profession.

Mr. BENNETT. What is your seventh point?

Mr. MAISEL. That greater use be made of the existing facilities, possibly on a contract or other basis, with adequate protection for the veteran if contract hospitals are used, and that such legislation as is necessary to give the Administrator freedom to make these contracts be passed if any is needed.

The CHAIRMAN. You mean, to let the veteran use his local hospital?

Mr. MAISEL. Not necessarily, sir. What I mean is that the bed shortage can be overcome by the utilization of available space in county and public institutions, particularly the TB institutions of many of the Northern States, where TB has decreased since the time when those institutions were built and where there are now vacant beds.

Mrs. ROGERS. Would it not be very helpful if the men who go for out-patient treatment or for examination in reference to compensation could be examined at clinics and hospitals? That would ease the load at the present time.

Mr. MAISEL. I understand they have some places where men who are distant from a veterans' hospital can be questioned by their local doctor. But there is a great deal of red tape. I know of one case that took several months, and by that time the man's condition had

disappeared. I would certainly recommend that the contact between patient and doctor be made as easy as possible, particularly among the men in isolated localities. As to the exact manner in which that should be handled, I think it is a matter for the committee's consideration. There are many safeguards that should be provided, because I understand there were many abuses when the contract system was used many years ago.

Mrs. ROGERS. I saw that in many instances.

Mr. MAISEL. I use the term "contract" to cover all possible non-veteran facilities.

Mrs. ROGERS. I agree with you heartily in that.

Mr. MAISEL. Eight. I would recommend that an independent board of review be set up to hear complaints and to report directly to the Administrator or to the Surgeon General, if such is set up, to prevent reprisals among veteran employees and veteran patients.

Mr. BENNETT. What kind of personnel would you have on this board?

Mr. MAISEL. It should be a board which is not responsible under the law to any operating portion of the Veterans' Administration and which therefore could independently hear complaints and, if necessary, withhold the names of the complainants and act on the complaint rather than on the complainant.

Ninth. I would recommend that a veterans' medical research institute be set up. The veterans' hospitals have three small research projects. Here is the greatest opportunity for research into what happens to a veteran. They have the clinical records of over a million and a half cases handled in hospitals in the last 20 years, and those records are going to waste to a very large degree for lack of adequate research facilities. The veterans' hospitals are not adopting new techniques for lack of adequate research facilities. I know that doctors in the Veterans' Administration have made such suggestions for a research institution and worked out plans some years ago and those plans were not put into effect.

The New York Times reported a few days ago on a medical committee set up by General Hines sometime ago, and I would recommend to your consideration that report. I would also recommend that at repeated intervals in the future this committee go into the question as to whether that report has been put into effect, because it is very similar to a number that have been made by special and general advisory committees over a long period of years, most of the recommendations of which, so far as I have been able to find out, were never put into effect.

Mr. BENNETT. Do you think in that connection that an annual inspection of these facilities might help to keep the officers in the facilities on their toes?

Mr. MAISEL. By this committee?

Mr. BENNETT. Yes.

Mr. MAISEL. I certainly think that an annual inspection, both by this committee as lay inspectors, and by competent medical committees as medical inspectors, committees of physicians from other institutions outside the system, would prove extremely valuable.

Mr. BENNETT. I have no further questions.

Mr. KEARNEY. In that connection I would also suggest not only members of this committee but Members of Congress who are not on

the committee but in whose districts certain of these veterans' facilities are located.

Mr. SCRIVNER. In the veterans' hospitals that you visited did you find in any of them full-time-service officers of the various service organizations?

Mr. MAISEL. I did, and I found them doing a very good job. One factor is that when you are a negotiator on individual cases you of necessity must get along with the people you have to negotiate with, and therefore you cannot—and many of the men have expressed that to me—you cannot combat the whole system, because you have to live with them from day to day. You have got to follow each individual case.

Mr. SCRIVNER. I speak from experience on this, and that is that there is not anything that prevents service officers from making reports of conditions as they see them from day to day to either the department or national officers of these organizations.

Mr. MAISEL. I have seen a number of them, and they are very good reports. I understand that later witnesses are going to bring in special reports gathered through these service officers.

Mrs. ROGERS. In line with your suggestion that more lay people visit hospitals, I would like to state that Dr. Adams, who was at one time the medical director of the Veterans' Administration, suggested that very thing. He said at the present time not nearly so many people visit his hospital. The Red Cross workers, the Gray Ladies, who used to go to Bedford, now go to the Army. The Legion Auxiliary still goes. Now there is a greater need for more lay visitors.

Mr. MAISEL. There are people who come around and give the men cigarettes and good cheer, which are very good things and certainly very good for the men. One of the difficulties with many of these hospitals is that they are in such isolated regions that there is not enough of a local population to carry on that kind of work. However, in my suggestion for legislation I would want to draw a distinction. I was talking of boards of visitors. That is, an institution that exists under various names throughout the country, made up of prominent people of high standing in the community, usually appointed by the Governor of the State, who are assigned to a particular hospital and who visit it to examine its books, and so on. Sometimes they are simply members of the community, lawyers, and what not. In the case of the veterans' hospitals I think they should be representatives in part, at least, of the major veterans' organizations, but they should be people whose part-time job it is to visit these hospitals once a month, because nothing keeps a hospital on its toes so much as the knowledge that once a month it is going to be completely investigated. That is a good thing all the way around.

Mr. McQUEEN. Mr. Chairman, since it seems to be the open season for conclusions and recommendations, I have no more questions to ask this witness. I think that this committee, if I may say so, will have to go much further than magazine articles that are well illustrated, and so forth, to get before it the matters that it would want to pass on. That is all I have to say.

The CHAIRMAN. Let me say in that connection, Mr. McQueen, that we already had legislation introduced covering most of the points that have been discussed, and we had it before any of these charges

came out in the magazines. Now, we have taken up the time of the committee with this investigation, with those bills on the calendar, and reports that have come in from the Veterans' Administration, and just as soon as we can I want to take that legislation up and try to get it passed. I am interested only in the veterans. I am not interested in anybody who wants to write newspaper or magazine articles.

Mr. GREEN. From my own personal standpoint I want to compliment you, Mr. Maisel, on what you have done. I think you have made an excellent witness and have brought a lot of matters to our attention.

Mr. MAISEL. Mr. Green, and the other members of the committee, I want to thank you all for your interest in what I have had to say, and particularly those of you who, at the beginning, I felt were antagonistic to me. I want to thank you for the fairness of your questions. Mr. Scrivner asked me some very tough questions, but they were fair; and some others have.

I want to say that I have in my possession a number of letters that pertain to individual districts. As you know, yesterday I expressed the desire to present certain ones of those letters in executive session in order not to come under the accusation of making charges that I could not prove. Several of the members of the committee asked me to give them letters pertaining to their States. I have some of these others, and if I may send those letters in to the individual members I will be glad to do so. The only thing I would ask is that even though these are not letters that request protection, you be cognizant of the fact that most patients, and certainly most employees, are very fearful, rightly or wrongly, of reprisal. I ask that in the use of this information and the investigation of these cases you take cognizance of that fact and protect these people. Thank you.

Mr. SCRIVNER. I trust that you understand that the purpose of my questions was not to attempt to harass you.

Mr. MAISEL. That is why I mentioned them.

Mr. SCRIVNER. The facts were what I wanted.

Mrs. ROGERS. They must be brought to the attention of the public; otherwise nothing is done.

Mr. MAISEL. I had great qualms about doing this in wartime, and I answered the question to my own satisfaction by the fact that if we do not do it during the war the matter would again tend to be forgotten and the veteran would just be another veteran after the war. I felt that now was the time to bring it up, and I think this hearing is proof that this is the time.

The CHAIRMAN. This committee has been here for a long time and has tried to take care of these veterans every year since I have been a Member of Congress and especially every year since I have been a member of this committee, and that has been ever since it was created. I do not have any apology for my criticism that I think some of the things written in your articles were dangerous and disturbing not only to the patients but disturbing to the parents at home.

Mr. ERVIN. You commented awhile ago that some patients, and practically all employees were fearful of making complaints because of fear of reprisal.

Mr. MAISEL. I added "rightly or wrongly," sir.

Mr. ERVIN. Wait a minute. It occurs to me that it is most unusual that these men would talk so freely to you. Do you have any special qualification that made these gentlemen talk so freely with you?

Mr. MAISEL. I have a number of letters here which were sent to me after these articles appeared in which men who have left the Veterans' Administration for one reason or another commented upon the articles and expressed the fact in their letters that they now felt free, once they were out of the system and no longer feared reprisal. I have also had letters from patients speaking of reprisal; and in interviewing patients I have frequently had to assure a patient in answer to his question, "Are you a stooge for the Veterans' Administration?" That is a question that was asked me. I have had to take out things like my correspondence credentials to prove to them that I was on the GI side. All those things indicate to me—and I think there have been many such indications, including the American Legion report that I cited the other day—that reprisals have in the past been taken and that many of the patients, rightly or wrongly, are in fear of reprisal.

Mr. ERVIN. I am talking about these doctors who, you say, talked to you so freely.

Mr. MAISEL. I did not say they told me freely of their fear of reprisal.

Mr. ERVIN. Did you not say in your testimony day before yesterday that the doctors who are now in charge of the hospital and working there told you freely that the reason they could not practice medicine as they wanted to was because they were restrained by the central office?

Mr. MAISEL. The reason they could not what?

Mr. ERVIN. The reason they could not practice medicine as they wanted to was because they were restrained by the central office.

Mr. MAISEL. We are both quoting from memory, but I believed I said that in talking to those doctors many of them complained in one way or another about the control of the central office influencing their practice of medicine, and particularly they referred to R. and P. and picked up that big book and said, "How can you practice medicine under that"?

Mr. ERVIN. How do you explain that they talked so freely to you about it when they were afraid to talk about it to anybody else?

Mr. MAISEL. Talking to a correspondent and making a formal complaint through channels to Congress are two very different things.

Mr. ERVIN. Did they know that you were going to write an article when you talked to them?

Mr. MAISEL. I think so, because my letter of introduction said I was.

Mr. ERVIN. Did it not occur to you that it was somewhat unusual when they knew you were going to put it into a magazine article, to say that they were afraid of reprisals?

Mr. MAISEL. I think they were men who were loyal to an administration but who felt that they could not get a hearing anyway, and would very much welcome having it called to the attention of the committee because the usual channels were clogged.

Mr. ERVIN. I made a motion the other day that you be permitted to talk freely and frankly, but I was not impressed by your testimony.

Mr. MAISEL. I am sorry, sir.

Mr. AUCHINCLOSS. Do you have anything from New Jersey that you can furnish me?

Mr. MAISEL. The committee is going to adjourn, I understand, in a minute or two, and I will go through it with you and see if I have anything that you want.

Mr. PICKETT. I would like to ask some questions that will take only a few minutes, Mr. Chairman. Some of these questions may have been covered directly or indirectly, but it has been so long I just cannot remember it. If the questions have already been asked and answered, please so state.

On page 48 of your article in the April issue of the Cosmopolitan you made the general statement that you had seen evidence of brutality and beatings and such treatment of veterans. Have you submitted to this committee all of the evidence of brutality that you have at hand?

Mr. MAISEL. I have given to Mr. Bennett and others some evidence, and I presume that those gentlemen will introduce it to the committee at various times. I have a few others, but if you have no objection I should prefer to give it to the men in their own districts. For instance, I have this entire sheaf of documents [indicating] of Wood, Wis. If any individual wants that, I would prefer to present it in that way.

Mr. PICKETT. I might be in error, but if I properly understand your article, you stated you had seen evidence of brutality. That is what I have in mind. Perhaps that is not exactly correct. I take it you have not personally seen any evidence of beatings and brutality?

Mr. MAISEL. I have seen evidence of overcrowding and I have seen evidence of wrong treatment.

Mr. PICKETT. But the beatings and the brutality you did not actually see?

Mr. MAISEL. That would depend on the exact interpretation of brutality. I do not think the incident of the man in the locked cell is brutality. It is a border-line incident.

Mr. PICKETT. Do you have any information in your files from which we can find who beat which patient at any time?

Mr. MAISEL. I have certain letters, some of which I can give you here and some of which I have handed out to these various gentlemen. The only question is, Do you want me to read them out in the open, or do you think they should be investigated first and then presented if substantiated?

Mr. PICKETT. All I am interested in is the evidence.

Mr. RAMEY. There was a case at Chillicothe, Ohio, where an attendant jumped on a man's stomach. I visited that hospital since that time. There has been an indictment of the attendant.

Mr. MAISEL. I have here a sheaf of letters from a Mrs. White of Cleveland, Ohio, describing the case of her husband.

Mr. PICKETT. Is that the one that Judge Ramey just referred to?

Mr. MAISEL. No. The one that Judge Ramey just referred to is the one of the attendant who was convicted in Federal court. Riley was the attendant at the hospital.

Mrs. White wrote me, and I then wrote her and asked her to give me the evidence so that I could present it to whatever committee was set up to handle this, and she enclosed copies of letters from General Hines reprimanding the man whom she claims killed her husband.

Mr. PICKETT. That evidence will also be submitted to Judge Ramey or some other member of the committee?

Mr. MAISEL. May I submit it to another member nearest to Cleveland?

Mr. RAMEY. Mr. Huber is near Cleveland.

Mr. MAISEL. The hospital concerned is at Dayton, Ohio.

Mr. HUBER. Give it to Judge Ramey.

Mr. MAISEL. May I ask that you return this to me?

Mr. RAMEY. I will have copies made of it.

Mr. MAISEL. It is a lot of trouble to copy it. After you have decided whether it is of any value to you, please return it direct to me or to Mrs. White.

I have another here from Mrs. Henry R. Naylor, whose husband died in Northport, Long Island. She does not feel that his death was due to mistreatment, though she does say that he did not have proper care. She makes a number of comments on conditions in the Northport Hospital.

Mr. RAYFIEL. I would like to have that.

Mr. MAISEL. I also have a group of letters, some of which pertain to TB hospitals.

The CHAIRMAN. You might distribute those letters to the members from the different States.

Mr. PICKETT. My purpose was to make them available to the committee.

The CHAIRMAN. Yes; I understand.

Mr. KEARNEY. Do you have any from New York?

Mr. MAISEL. I believe there are some concerned with Castle Point.

Mr. RAMEY. I suggest that they be turned over to counsel.

The CHAIRMAN. Yes.

Mrs. ROGERS. They can all be identified as having been written to you?

Mr. MAISEL. They are addressed to me, to the Cosmopolitan, to the Reader's Digest, or to Mr. John Hearst. I would very much appreciate their eventual return.

Mr. PICKETT. There is a man by the name of Hegler, who is mentioned in your April article as a man who ran away, because of alleged mistreatment. Do you know anything about his whereabouts at the present time?

Mr. MAISEL. My understanding of the word of Colonel Lopez is that his whereabouts are the Federal jail; which particular one I do not know. That is a man from Lyons.

Mr. PICKETT. I was just trying to find out which particular jail, if you happened to know.

Mr. MAISEL. I don't know.

Mr. RAMEY. You have nothing there from O'Neill of Minneapolis?

Mr. MAISEL. No. Is not that the man Mr. Deutsch wrote an article about?

Mr. RAMEY. Perhaps it was. There was no report on the "love nest" in Minneapolis?

Mr. MAISEL. No, sir. I have heard some whispers of that sort at other places, but I disregarded them.

Mr. PICKETT. In the interest of saving time I will not ask any further questions.

Mr. McQUEEN. I wish to introduce in the record the April 1945 issue of the Cosmopolitan magazine as to the article written by Albert Q. Maisel (pp. 48, 49, 181, 182, 183, 184, and 185).

The CHAIRMAN. Without objection, so ordered.

(The article referred to is as follows:)

THIRD-RATE MEDICINE FOR FIRST-RATE MEN

PART II. OUR MENTAL CASUALTIES

(By Albert Q. Maisel, author of *The Wounded Get Back*)

Introduction: In last month's *Cosmopolitan* I exposed how thousands of tuberculosis veterans are being neglected, mistreated, underfed, and discharged to almost certain death in the hospitals run by the Veterans' Administration. Yet these TB hellholes—disgraceful as they are—are almost heavens compared with the 30 mental hospitals run by the same Veterans' Administration.

Read the evidence in the accompanying article—the shocking, shameful evidence of brutality, beatings, overcrowding, and third-rate treatment which are the lot of our most defenseless disabled veterans. Read it—and remember that this is no description of Hitler's concentration camps. This is happening, today and every day, here at home to Americans—the veterans who should be our most honored and best-treated citizens.

What, then, is the answer? Can we permit such conditions to continue, while hundreds of thousands of new veterans fall victims? Obviously not. The veterans' hospitals must be purged—from top to bottom.

Fortunately, under our form of government, the means are available for a rapid and permanent cure of such a situation.

The President can, by Executive order, place the running of these hospitals—as a wartime emergency measure—in capable hands. He can call upon the surgeons general of the Army, the Navy, or the Public Health Service to act as temporary "receivers" for these hospitals.

Congress, through its committees on veterans' legislation, can institute an immediate investigation of all the veterans' hospitals—to root out the incompetents, lay bare the failures, and bring forth the advice of the best medical and administrative brains in the country.

Immediately, without waiting for long-term reforms, the building program of the Veterans' Administration can be speeded up. Immediately, the overcrowding can be relieved by using resort hotels as hospitals—as the Army and Navy do. Immediately, bad food can be replaced by good food, outmoded methods can be replaced by modern medicine, callous, incompetent, or brutal employees can be replaced by top-notch men detailed from the armed services—which have already bailed out the hind-sighted Veterans' Administration by the loan of more than 7,000 troops and hundreds of physicians.

And, over a longer term, new and competent administrators can convert the veterans' hospitals into modern medical centers, attractive to the best of the medical profession. They can encourage research and postgraduate study. They can replace backwardness and brutality with the kind of medical treatment that Congress and the people have always intended our veterans to receive.

All these things could happen—starting right now—before this scandal grows into a national calamity. They could happen—but they won't unless the clear voices of millions of plain Americans—the mothers and fathers and wives and sisters of veterans, yourself included—are raised in angry protest and firm demand for reform. You owe it to all veterans, and especially to your own veteran, to make our Congressman or Senator know how you feel. Send him your protest, today.

THE AUTHOR.

These are the most harrowing casualties of war, the soldiers whose wounds are of the mind. These are the men the world forgets—because they are locked away in mental hospitals.

Already more than 10,000 mentally wrecked veterans of this war have been "shoehorned" in beside nearly 30,000 from the last war who still haunt our 30 veterans' mental hospitals. Every month the appalling figure mounts, the overcrowded wards become more crowded still—while thousands more wander our cities completely untreated or cynically discharged as "unimproved."

Disgraceful? Yes. But doubly so because there is no excuse for this shameful situation. America has never stinted these hospitals. Long ago, Congress ruled that all veterans—the mentally disabled included—were entitled by law

and by right to the finest care that modern medicine can provide. We have spent hundreds of millions building these giant hospitals, paying the salaries of the men who run them.

Yet it is with shame and regret that I must report that our honored veterans are not getting the services we have ordered and paid for. Instead, some are being beaten by sadistic brutes. Tens of thousands are receiving almost no treatment at all. And thousands, who should achieve a speedy cure, are instead being allowed to deteriorate, degenerate, and die.

Do such charges shock you? Do they make you wish to close your eyes?

I hope not. I hope rather that they enrage you—as they enrage all of us who have been on the battle fronts and who know that the best of men can crack. For unless millions of us demand reform within these hospitals, there will be no hope for our veterans already in these institutions or for the many, many thousands who will yet pass into them from the battlefields of Europe and the Pacific.

I say this because the desperate conditions within these hospitals are not a secret to the men who run them. They have had a chance to clean house. But they have not done so.

In October of 1944, a conscientious objector, Robert Hegler, ran away from the veterans' mental facility at Lyons, N. J., where he had served for 8 months as an attendant. He took with him his diary and showed it to reporters in New York. It was a record of endless almost unbelievable brutality.

Hegler wrote: "A veteran of this war was tied to a chair with a sheet. One of the attendants told him to shut up. When the patient refused, the attendant threw several vigorous punches into him. Five other attendants, including a head attendant, looked on without comment.

"The same night * * * I saw another attendant hit a young, nonresistive patient in the back * * * and hit him on two different occasions while he was in bed.

"Two weeks later I was ordered by the head attendant to turn cold water on a patient held forcibly under a shower."

More than 50 such shocking instances appeared in Hegler's diary. He wrote of patients being "wrung out"—the attendants' lingo for choking a veteran with a towel around the neck—while other attendants looked on and did nothing. He told of a patient who was held down by one attendant and kicked in the head by another, until two stitches were required to repair the damage. One seriously ill patient, Hegler alleged, was beaten up in bed by two attendants. This man, the diary recorded, died the next day.

Nor was brutality limited to attendants. The diary told of a nurse throwing medicine into a patient's face when he failed to finish drinking the dose.

When the story "broke," in the New York Journal-American and a few other papers, the authorities had to do something about it. The Administrator of Veterans' Affairs, Brig. Gen. Frank T. Hines, sent an investigator, M. W. Voghtman, to Lyons.

For 7 weeks Voghtman took evidence. Then, on November 17, 1944—after the storm in the papers had blown over—General Hines issued a statement, admitting abuses and promising a clean-up.

"The investigation," it read, "reveals some substantiation of the charges made by Robert Hegler. The abuses were to a considerable degree due to * * * untrained and inefficient attendant help and inadequate coverage of the wards.

"Appropriate steps are being taken," the statement continued, "to remedy the situation as to the attendant group, as well as certain changes in the professional and subprofessional groups, and whatever disciplinary measures are warranted will be taken."

I wanted to see just how this situation had been "remedied." Early in January 1945—10 weeks after General Hines issued his statement about "appropriate steps" being taken, 4 months after Robert Hegler first made his charges, I visited the veterans' hospital at Lyons.

Mr. M. E. Head, the manager of the facility during the period of "alleged abuses," was still manager. Col. L. V. Lopez, chief medical officer of the hospital, was still chief medical officer. The physician who had been in charge of the acute service during the period covered by Hegler's charges had, according to Colonel Lopez, been ordered transferred to another facility. He had not been discharged, although the substantiated abuses—to use the Administrator's own wild phrasing instead of the words they deserve—had been inflicted upon patients under his guardianship and by employees under his control.

Even so, up to at least January 15, 1945, this former head of the acute service was still at Lyons, still practicing medicine on defenseless mental patients. "But," Colonel Lopez pointed out, "he's no longer on the acute wards."

The Veterans' Administration Instructions for Attendants (revised edition, April 1935) has a rule that reads:

"Under no circumstances must a patient be struck, shoved, or subjected to violence. Any violation of these rules will incur these consequences. * * * The offender will immediately be dismissed."

Yet, despite the clear wording of that rule, Colonel Lopez informed me that, as of January 15, 1945, "no dismissals had occurred, though a few attendants—two or three—had been permitted to resign."

One man was punished. Robert Hegler, the conscientious objector who exposed this disgrace, was sent to prison. Not for making the charges which were substantiated. No, Hegler went to jail because he violated the rules that forbid a conscientious objector to leave the hospital grounds without permission.

The new acting chief of the acute service, Capt. Harry Hoffman, took me through his "disturbed wards." We found five patients in what he euphemistically called "seclusion."

We peered through a tiny porthole in the doors, into these "seclusion" cells. Each had a bed as its only furniture. Each held a veteran in a shapeless bathrobe from which the cord had been removed. These, I presumed, must be dangerously violent patients.

Captain Hoffman opened one of the doors and an old man in felt slippers shuffled toward the doorway. He moved up to the doorsill, then stopped and stood, politely mumbling. He weighed no more than 90 pounds.

"Is he suicidal?" I asked.

"No," was the reply, "we keep him here to protect him from the other patients. If we left him out he might get hurt."

A touching bit of consideration, that—"protecting" a man by confining him alone in a locked cell.

We passed onward, to a patients' dayroom. The room, measuring perhaps 40 by 60 feet, was furnished with about a dozen hard chairs and benches. The rest of the forty-odd patients had the choice of standing or sitting on the cold concrete floor. Half a dozen were sleeping on the floor, although a dormitory, just across the hall, was filled with beds. "We can't let them stay in bed during the daytime," I was told. "It's not good for them." But no one seemed to mind their sleeping on the floor.

We moved on and I asked Captain Hoffman about "restraints"—another of those soft words so frequently used within the veterans' hospitals to cover up the hard realities. The acting chief of service began to shake his head. I don't know what his answer would have been, because before he could stop the cross-wise shaking of his head, an attendant handed me a pair of leather handcuffs.

"Restraints" of any sort are forbidden in many of the most progressive mental hospitals. Others limit "restraints" to the so-called wet-pack—the wrapping of the patient in a cold, wet sheet—which has medical value in addition to its restraining ability. But at the veterans' hospitals restraints include these great cuffs—leather bands, 3½ inches wide, that are locked over the wrists and tied to a leather belt fixed tightly about the patient's waist.

"How many men are in these things?" I asked Dr. Hoffman.

"Thirty is about tops," he answered, adding, "That doesn't mean all at once. That means 30 in any 1 day. We take them off every 3 hours."

"Do you mean that 3 hours is the limit?" I asked.

"Well—not exactly. After 3 hours the attendant must take the man to the lavatories. Then, if the doctor prescribes it, the restraints may go on again."

Our tour took us into another crowded day room. Dr. Hoffman noticed a patient wearing the cuffs. "Do those restraints hurt?" he asked the man.

"No," came the slow response. The veteran stared at his hands a while. Finally he added, "These things don't hurt me here." He lifted his shackled right hand as far as the belt would let it go and tried to point it toward his heart, "It's here where they hurt—inside," he said.

So it went, throughout my tour. Beating of patients has been discontinued at Lyons. But the men who did the beating haven't been fired. And "disturbed" veterans are still put into "seclusion" or "restraints." Worst of all, no one at the hospital seems to think there is anything wrong about all this.

Nor are conditions better at the other veterans' mental facilities. The vast majority of them are overcrowded—brimful, filled to capacity and far beyond. In September 1944, the facility of Northport, Long Island, had 437 more patients than it was built to hold. Downey, Ill., had an overload of 191; Coatesville, Pa., an overload of 215; Waco, Tex., an overload of 243; Perry Point, Md., an overload of 196. At Northampton, Mass., 992 patients are crammed into buildings built for 770. And at Lyons on January 15, 1945, 1,901 patients were housed in a hospital built for 1,716.

Of course, as with its tuberculosis hospitals, the Veterans' Administration does not admit that such overcrowding actually exists. Capacity has been "increased" by the simple device of adding so-called "emergency beds," a process which has already crowded more than 3,000 extra beds into spaces never designed for them and which cannot go on indefinitely.

At Northport I found day rooms and even a dining hall converted into such "emergency bed" wards, while patients were forced to eat in a relocated dining room, underground, in a dank cellar. At Lyons, even the "disturbed" patients' dormitories have been crowded so that rooms designed for 22 beds now hold 33 and more.

Of course, the Veterans' Administration claims it is building hospitals just as fast as it can. Nearly 20,000 more beds are supposed to be under way at the present time. But those familiar with the record of the Veterans' Administration know that buildings for 498 new beds were to have been completed at Lyons last January—but won't be ready until June of this year, at the earliest.

Such overcrowding has, of course, had its effect on the already low standards of treatment. Hospital managers, instead of pressing for a cure, encourage discharges at the earliest possible date because beds must be made available for new patients. Thus, at Northport, Long Island, in August 1944, only 19 patients were discharged as having achieved "maximum hospital benefit" while 89 were discharged "against medical advice," despite the fact that these are all legally committed patients who cannot leave of their own free will.

Col. Harold E. Foster, clinical director at Northport, answered my surprise at these figures by saying, "The veterans' hospitals feel that, as long as they are not violent, there is no harm in letting them go a. m. a."

No "harm"? The police blotters of scores of communities repudiate that callous view. One might cite a Detroit case—an honorably discharged, wounded veteran of Guadalcanal who broke into a store and stole \$1,500 and a gun. That man was on the records of the Dearborn Veterans' Hospital, diagnosed as "hysteria, shell shock, war neurosis." But he was discharged uncured—supposedly "harmless." From Westchester County, N. Y., one might bring up the case of another World War II veteran charged with nine crimes within a single week. He, too, was an uncured mental case—but far from "harmless."

Every State in the Union could produce similar instances. But—just in case the cry should go up that I am citing scattered exceptions—let's see what the records of the Veterans' Administration itself show. I have before me, for instance, the records of admissions and discharges from the Lyons Hospital for the entire year 1944. Month after month, patients have been sent out on so-called trial visits—3-month experimental discharges—until the year's total reached over 500. But more than one-fourth of all these men—sent out because there was "no harm" in doing so—failed so decisively to adjust to the outside world that they had to be recommitted.

Yet those who are discharged half cured may still be lucky. For others, who might be cured in any progressively run mental institution, may linger for years in the veterans' hospitals virtually untouched by modern psychiatric or medical techniques. Within the last dozen years, medicine in the mental field has made remarkable curative advances. Cases once considered hopeless are often restored rapidly to full health. But the Veterans' Administration has denied these advances to its patients for 3 or 4 years after they had been widely adopted throughout the country on the grounds that "the veteran must not be experimented upon."

But when a new procedure is at last grandly adopted, I have found it turned over to sketchily trained, overworked doctors whose every move is, of necessity, an "experiment" conducted at the patient's risk.

One of these advances in the cure of certain large groups of mental patients is electroshock therapy, first introduced in 1937. The mental hospitals of the State of Wisconsin have used it since 1939. The Fergus Falls State Hospital of Minnesota has used it since 1941. The Rochester State Hospital of Minnesota started using electroshock in June 1941. St. Elizabeths, the great Federal mental hos-

pital in Washington, has used it since 1940. New York State's mental hospitals adopted electroshock in 1941.

But the first electroshock instrument in the entire veterans' system was acquired only in October of 1942. It was not until late in 1943 that electroshock was widely introduced into the veterans' mental hospitals. Even today, 8 years after the treatment first became available, 5 years after the leading mental hospitals of the country adopted it—even today, some veterans' facilities, according to General Hines' current annual report, are only "preparing to institute" this form of treatment.

Today, the Johnny-come-latelys of the Veterans' Administration approve of electroshock. They regard it as no longer experimental. Having waited all these years, one might imagine that the cautious Veterans' Administration would take the trouble to train its doctors adequately—to make those who administer electroshock specialists in that field. One might also expect that already overworked doctors would not be expected to add electroshock work to their other duties, as a side line. Because even the safest procedure (and electroshock produces some injuries under the best conditions) cannot be other than experimental when performed in a hurry by undertrained or overworked men.

Again, let's look at the record. At Northport I found electroshock administered by a single physician, Capt. Leon Rackow. It was his duty to give this treatment to several hundred men every week. Even if that were his sole job, Dr. Rackow would be hard put to find more than a few minutes for each patient.

Actually, electroshock was just a side line. Captain Rackow's main job was to care for the inmates of an entire building—225 patients. He could average exactly 7 minutes a week per patient apart from his electroshock work. Under such circumstances, even the most conscientious physician—and Dr. Rackow impressed me as such—would find it impossible to give treatment that would be rated as better than experimental.

At Lyons, electroshock therapy is performed by Maj. M. Presberg. Before he took the 2 weeks' course which made him what he jokingly called an "expert" in this delicate work, Dr. Presberg spent all his time as the hospital's X-ray man. He still performs his X-ray duties.

But over and above this full-time job, he has given exactly 20,579 electroshock treatments in a single year.

He treats as many as 90 cases in a single morning—2 minutes per patient for this streamlined service.

Another of the new treatments for certain types of cases is the extremely delicate and precise operation known as prefrontal lobotomy. This operation, devised by the highly respected Drs. Freeman and Watts, of George Washington University Medical School, involves the piercing of both sides of the skull and a careful probing and cutting within the body of the brain to sever certain brain connections. If done just right, it can often change a violent, homicidal, or suicidal patient into a normal human being. If bungled, it can produce disastrous results and even death.

Somewhat over a thousand prefrontal lobotomies have been performed in the United States since it was first devised in 1937. In that year, operations were performed at Florida State Hospital and Delaware State Hospital. In 1938 the operation was introduced at Missouri State Hospital No. 4, and, in 1939, at Willmar State Hospital, Minnesota. St. Elizabeths began to permit it, for carefully selected cases, in February 1943.

The Veterans' Administration held off until 1944. During all the years when it might have sent its physicians for training, it rated this operation as "experimental" and wouldn't go near it. Last year it sent four physicians (from the Marion, Ind.; Downey, Ill.; Roanoke, Va.; and Lyons, N. J., Facilities) to study under Dr. Freeman.

After waiting so long, you might think the Veterans' Administration could wait a little longer—until these men completed 6 months or a year of resident training. But, no. They just took a 2 weeks brush-up course.

I interviewed Maj. William A. Loeb, who performs these operations as part of his duties as chief of the surgical service at Lyons. Dr. Loeb is a good surgeon—he must be to perform the wide variety of operations evidenced by the patients he showed me: The repair of hernias, the excision of thyroid glands, the plastic rebuilding of amputation stumps. He is, no doubt, a good general surgeon. But he is not a brain surgeon. All his training, he has told me, has been in general surgery. He is not a diplomate of the American Board of Neurological Surgery nor of the American Board of Psychiatry and Neurology.

It would begin to seem that something is not quite right about this theory of "not experimenting on the veterans." One cannot help wondering why the Veterans' Administration waited 7 years before it considered this operation no longer "experimental" and then plunged into it with a bang, permitting ordinary surgeons to perform so delicate an operation instead of hiring brain specialists as operating consultants.

The sad and significant fact is that the veterans' mental hospitals are—and for years have been—"experimenting" on all their patients. Veterans' hospitals differ from other hospitals such as the federally operated St. Elizabeths only in that they do more "experimenting" and won't admit that they do any.

St. Elizabeths, for instance, has internes and psychiatric residents. These are competent young doctors, graduates of approved schools, who practice in St. Elizabeths only under the constant guidance and instruction of older physicians, the majority of whom are accredited as diplomates in their specialties.

But the veterans' hospitals have no internes, no psychiatric resident physicians. Their doctors are hired as full medical officers. They need not be psychiatrists. In fact, Col. John H. Baird told me, on August 15, 1944, that "our younger men seldom come to us with psychiatric training. But we give them a 2-month indoctrination course." Early in January he told me, "We'd rather have men who didn't know any psychiatry * * * Then they can learn our methods when we detail them to our indoctrination schools."

"Where are these schools located?" I asked.

"Well," he said, after a pause, "we're not running any such courses just now."

Even though men with no psychiatric training are taken onto the staffs of these hospitals, one might imagine that a sizable percentage would do postgraduate work and achieve specialist status by taking the examination of the American Board of Psychiatry and Neurology or the American Board of Neurological Surgery.

The fact is that not a single one of all the hundreds of doctors who man these veterans' mental hospitals is a diplomate of the Board of Neurological Surgery. Only 22 staff members are to be found on the latest list of the American Board of Psychiatry and Neurology. Many of these graduated so long ago that they were not required to take the exams for this board's diploma.

In contrast, St. Elizabeths Hospital, with a staff of only 43 full-time medical officers, has 26 diplomates on the board's list—more than can be found in all 30 of the veterans' facilities. Dr. Winfred Overholser, superintendent of St. Elizabeths and one of the foremost psychiatrists and hospital administrators in the country, has told me that "any man on my staff who has practiced long enough to qualify for the board's examinations knows that he had better take them and pass them or have a superlatively good excuse."

Nor is St. Elizabeths an exception along these lines. The New York State system of psychiatric hospitals numbers 85 diplomates on its hospital staffs. And the Governor's Commission on the Care of the Mentally Ill has complained that this number, so much higher proportionately and numerically than the veterans' hospitals, is still too low.

Despite all their shortcomings, the veterans' mental hospitals are not operated cheaply.

St. Elizabeths, with the same Federal pay scales and far higher standards of service, operates at a cost of \$2 per day per patient. The State of Wisconsin spends \$1.48 per patient daily at its Mendota Hospital and \$1.27 at its Winnebago Hospital. Minnesota's progressive mental hospital system operates at costs varying from a low of 48 cents per patient per day to a high of 79 cents. New York State, in the highest-cost area in the country, manages to run its mental institutions at a daily cost per patient of 84 cents.

But the Federal Treasury pays out, for every patient on the rolls of the veterans' mental hospitals, \$2.24 per day.

By every measure—their record, their personnel, their abuses, their medical backwardness—the veterans' mental hospitals stand indicted as third-rate institutions. Only when it comes to expenses do they outdistance comparable Federal and State institutions.

But there is one final measure of these misnamed hospitals we have yet to consider: Their abominably poor record of failure to cure. In that last available annual report of the Administrator of Veterans' Affairs can be found the final and conclusive proof. That report shows that 23,147 veterans were discharged from these 30 hospitals during a year.

But of all these, less than 8 percent are rated as recovered, "apparently recovered" or cured.

The last available record of St. Elizabeths Hospital shows that more than 45 percent of its discharged male patients were rated as recovered. It is also a Federal hospital, yet it achieves a recovery rate nearly six times as great as that of the veterans' hospitals.

Small wonder, then—in view of these figures—that the Navy refuses to discharge most of its mental cases to the tender care of the Veterans' Administration. Small wonder that it insists, instead, on sending these men to St. Elizabeths.

But the Army is too large to boycott the veterans' hospitals. Already, thousands of World War II veterans have been escorted to the doors of the nearest veterans' facility and discharged into these mental mantraps. For these men—and for the tens of thousands who will follow them—there is no hope unless the veterans' hospitals are cleaned up—drastically, thoroughly, and promptly.

The CHAIRMAN. The House is meeting at this moment. We will stand adjourned subject to the call of the Chair.

(Whereupon, at 12 o'clock noon, the committee adjourned subject to the call of the Chair.)

(On June 13, 1945, Mr. Engle requested that there be inserted in the record at the conclusion of Mr. Maisel's testimony, as follows:)

Mr. ENGLE. I would like to file for the record a letter of March 15, 1945, addressed to Mr. Maisel which he has turned over to me. Now, Mr. Jones, of the VFW, will be here with his report. I have a copy of it. It pretty nearly parallels the report we have already received.

Mr. ALLEN (presiding). Without objection, the letter from the gentleman from California will be filed.

Mr. McQUEEN. Put in the record at the close of Maisel's testimony?

Mr. ENGLE. Yes.

(The letter referred to follows:)

UNITED STATES VETERANS' ADMINISTRATION FACILITY,
Livermore, Calif., March 15, 1945.

Mr. ALBERT Q. MAISEL,

Cosmopolitan Magazine, New York, N. Y.

DEAR SIR: We are writing to express our appreciation to you and the Cosmopolitan magazine for your investigation and publicizing of conditions in veterans' hospitals.

As individual patients we would be glad to cooperate in answering questions for you or your assistants or for any congressional committee which as a result of your article would investigate conditions. We believe you will find in the Livermore Veterans' Facility some of the conditions which you brought out in your article.

We have been able to accomplish little ourselves to improve conditions in our hospitals mainly because we have tuberculosis and must get all the physical and mental rest possible.

Therefore we wish in this small way to encourage you and the Cosmopolitan magazine, and individuals like Dr. Dublin and Congressman Sabbath, in the hard work you have been doing to bring a complete investigation and remedy of conditions in the veterans' hospitals.

Very truly yours,

R. Cordova, Elmer Harvey, A. Sanchez, D. A. Campbell, W. W. Moore, H. E. Frye, F. B. Ellsworth, H. J. Dittenbaugh, F. E. Jackson, G. P. W. Baker, C. V. Metcalf, T. L. Sublett, E. W. McCaslin, John Pochaca, O. L. Robertson, S. H. Kurnick, Lee R. Helms, Jock Hom, A. B. de Dios, I. L. Nighswander, K. Lee, F. P. Urias, P. V. Gonzales, K. E. Weicher, R. M. Knott, B. A. Teale, T. H. Champion, John Bazzum, Leo J. Foley, Jr., Santiago Frese, S. O. Radinsky, John Jensen, T. Lavigne, J. D. Morgan, Chandler R. Scott, Amador Berna, Frank E. Downs, Ralph Byrne, Paul M. Sears, R. E. Geisett, R. Cowley, Harold M. Baker, Alex Kivi, Adrian V. McDowell, Werner Flaskamp, L. S. Durand, J. F. Futscher, J. W. Foster, Samuel M. Glenn, Albert Rehm, Frank E. Marsh, George B. Brandon, Ian T. Kay, Frank Feger, D. J. Cattapora, William R. Chisholm, W. J. Shearer, S. A. Ramirez, W. E. Kent, Jerome J.

Ducote, Robert P. Sims, H. R. Widaman, J. M. Pranizz, Walter Campana, Jr., Raymond W. McDonald, H. E. Howard, Charles H. Oram, C. E. Cooley, I. Visetti, South M. Chins, L. A. Salisbury, Alfred Rold, M. A. Rysosa, L. G. Hekkola, E. F. Dimmel, C. F. Tynell, Adolph Vaye, J. F. Denny, M. R. Morrison, S. G. Wooley, N. A. Moreno, H. R. Stand, Phillip Lee, Robert G. Doty, Hugo K. Cartaneda, Arnold R. Williams, Peter S. Loscutoff, W. E. Harri-man, A. M. Sawl, Marvin C. Harwick, James Boorman, Ray C. Eller, W. Creede, E. J. Porter, Jr., Louis Spiron, Santos Alvarez, Jr., Joe S. Pennisi, V. Allen Dinsmore, R. N., Irvin W. Francioni, Russell G. Irish, Niel A. Schieler, Eugene E. Butler, James F. Barker, Ralph B. Nlotzbier, Lloyd T. Fussell, Leonard Johnson, Geo. Schmidt, R. L. Stoop, V. H. Manahan, Geo. W. Robinson, H. P. Cummings, Voydle I. Brixey, H. A. Lew, John M. Dials, James Coppin, Valering A. Umal, Howard F. Smith, W. H. Swiner, N. W. Brushaber, O. R. Elliott, G. Delaney, John Pat. Clifford, Harold S. Redd, John DeYoung, Marvin A. Rogers, W. H. Bentley, H. A. Shaw, D. L. Moore, J. R. Mitchell, R. C. Torrey, Robert A. Revel, Robert O. Fuel, William H. Freedman, Harry Russell, B. A. Sutherland, A. J. Knodel, Myran D. Tilford.

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

TUESDAY, MAY 29, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

Present: Messrs. Rankin (chairman), Gibson, Domengeaux, Engle, Ervin, Carnahan, Pickett, Green, Rayfiel, Huber, Mrs. Rogers, Messrs. Cunningham, Kearney, Scrivner, and Ramey.

The CHAIRMAN. The committee will come to order. I called the committee at this time to hold hearings on H. R. 3310, which I am submitting for the record at this point.

(H. R. 3310 is as follows:)

[H. R. 3310, 79th Cong., 1st sess.]

A BILL To establish a Department or Bureau of Medicine and Surgery in the Veterans' Administration

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there is hereby authorized and established in the Veterans' Administration a Department of Medicine and Surgery under a surgeon general. The functions of the Department shall be those necessary for a complete medical and hospital service to be prescribed by the Administrator of Veterans' Affairs pursuant to law, and regulations established pursuant to law.

SEC. 2. The Department of Medicine and Surgery shall include the following: Medical Corps, Dental Corps, Nurse Corps, and Administrative Corps (including laboratory technicians, therapists in physical medicine, pharmacists, dietitians, librarians, social workers, and supply and maintenance).

SEC. 3. The Medical Corps shall consist of the following members: One Surgeon General with the temporary grade of chief director, who shall be responsible to the Administrator of Veterans' Affairs for the Department of Medicine and Surgery; one Deputy Surgeon General and seven Assistant Surgeons General with the temporary grade of senior director; one hundred and twenty in the grade of director; one hundred and eighty-three in the chief grade; four hundred and fifty-five in the senior grade; seven hundred and twenty-seven in the full grade; and one thousand and ninety-one in the associate grade.

SEC. 4. The Dental Corps shall consist of (a) dental officers, one Assistant Surgeon General with the temporary grade of senior director; fourteen in the grade of director; twenty in the chief grade, fifty-one in the senior grade; eighty-one in the full grade and one hundred and twenty-two in the associate grade; (b) dental laboratory technicians, six in the full grade; fifteen in the associate

grade; one hundred and fifty in the assistant grade; (c) dental hygienists, twenty in the associate grade and eighty in the assistant grade.

SEC. 5. The Nurse Corps shall consist of the following members: One Director of Nurses with the grade of director, eight officers in the chief grade, one hundred officers in the senior grade, two hundred and sixty officers in the full grade, four thousand officers in the associate grade, and eleven thousand six hundred and seventy officers in the assistant grade.

SEC. 6. The Administrative Corps shall be under the direction of an Assistant Surgeon General and shall consist of the following services and members: (a) laboratory technicians, one officer in the chief grade in charge of the clinical laboratorians, in addition to six officers in the senior grade; thirty officers in the full grade; one hundred and fifty officers in the associate grade; and four hundred officers in the assistant grade; one officer in the chief grade in charge of the roentgenology laboratorians, in addition to four officers in the senior associate grade; and two hundred officers in the assistant grade.

(b) Therapists in physical medicine, one officer in the chief grade in charge of physical therapy technicians, in addition to twenty-five officers in the senior grade; twenty officers in the full grade; one hundred and fifty officers in the associate grade, and six hundred officers in the assistant grade; one officer in the chief grade in charge of occupational therapy technicians in addition to ten officers in the senior grade, seventy-five officers in the full grade, ninety-six officers in the associate grade, and six hundred officers in the assistant grade; one officer in the senior grade in charge of physical directors, in addition to thirty officers in the full grade and twenty officers in the associate grade; one officer in the senior grade in charge of recreational aides, in addition to one officer in the full grade, ninety-six officers in the associate grade, and one hundred officers in the assistant grade.

(c) Pharmacists, one officer in the chief grade; eight officers in the senior grade; forty officers in the full grade; seventy-five officers in the associate grade; and forty officers in the assistant grade.

(d) Dietitians, one director; five officers in the chief grade; seventy-three officers in the senior grade; one hundred and sixty officers in the full grade; two hundred and thirty-nine officers in the associate grade; and three hundred and twenty-five officers in the assistant grade.

(e) Librarians, one director; two officers in the chief grade; twenty-three officers in the senior grade; two hundred officers in the full grade; three hundred officers in the associate grade; and two hundred and seventy-five officers in the assistant grade.

(f) Social work, one director; eight officers in the chief grade; one hundred officers in the senior grade; three hundred officers in the full grade; twelve hundred officers in the associate grade; and two hundred officers in the assistant grade.

(g) Utility, one director; twenty officers in the chief grade; forty-five officers in the senior grade; one hundred officers in the full grade; seventy-five officers in the associate grade; and fifty officers in the assistant grade.

(h) Supply, one director; four officers in the chief grade; twenty-six officers in the senior grade; forty-six officers in the full grade; fifty officers in the associate grade; and one hundred and forty-four officers in the assistant grade.

(i) Personnel, one director; two officers in the chief grade; twenty officers in the senior grade; thirty-five officers in the full grade; forty officers in the associate grade; and fifty-five officers in the assistant grade.

(j) Management, one director; seventy officers in the chief grade; seventy-five officers in the senior grade; eighty-five officers in the full grade; one hundred officers in the associate grade; and one hundred and twenty-five officers in the assistant grade.

SEC. 7. The several corps shall include a commissioned Regular Corps and a Reserve Corps. All commissioned officers and noncommissioned members of any corps shall be appointed without regard to civil-service laws and shall be compensated without regard to the Classification Act of 1923, as amended. Commissioned officers shall be appointed by the President upon recommendation of the Administrator of Veterans' Affairs.

SEC. 8. Not more than an increment of 50 per centum in each grade below that of senior director shall be appointed in the first fiscal year in which the Act becomes effective and thereafter appointments may be made in increments of not more than 25 per centum of the whole number authorized until the original vacancies created by this Act have been exhausted. The first increment shall be

filled by appointment of personnel on duty with the Veterans' Administration, or of any transferred service or institution, or on furlough status with the military forces on the date of the approval of this Act. All appointments subsequent to the first increment shall be made either from such personnel, officers or former officers of the Army, Navy, or Public Health Service, or persons who may have been appointed in the Reserve Corps as authorized herein under such regulations as the President may prescribe: *Provided*, That all persons appointed in the Department of Medicine and Surgery shall be citizens of the United States.

SEC. 9. Commissioned officers and qualified technical or professional non-commissioned personnel may be assigned by the Surgeon General to be chiefs of administrative units. Such assignments shall not affect the pay of commissioned officers so assigned, except that when any commissioned officer below the grade of director is assigned to serve as chief of a division such officer during the period so assigned shall have the temporary grade and receive the pay and allowances applicable to the grade of director.

SEC. 10. (a) The Surgeon General shall be appointed from the Regular Corps for a four-year term by the President upon the recommendation of the Administrator of Veterans' Affairs. Upon the expiration of such term the Surgeon General, unless reappointed, shall revert to the grade and number in the Regular Corps that he would have occupied had he not served as Surgeon General.

(b) All original appointments, except to the office of Surgeon General, and all promotions shall be based upon recommendation of a Board appointed by the President upon recommendation of the Administrator of Veterans' Affairs, and consisting of a qualified representative of each of the major fields of medicine.

SEC. 11. (a) The Surgeon General shall assign one commissioned officer from the Regular Corps to administer the office of the Surgeon General, to act as Surgeon General during the absence or disability of the Surgeon General or in the event of a vacancy in that office, and to perform such other duties as the Surgeon General may prescribe, and while so assigned he shall have the title of Deputy Surgeon General.

(b) The Surgeon General shall assign seven commissioned officers not below the chief grade from the Regular Corps to be chiefs of divisions and while so serving they shall each have the title of Assistant Surgeon General.

(c) The Surgeon General shall designate the Assistant Surgeon General who shall serve as Surgeon General in case of absence or disability, or vacancy in the offices, of both the Surgeon General and the Deputy Surgeon General.

(d) The Surgeon General, during the period of his appointment as such, shall be of the same grade, with the same pay and allowances as the Surgeon General of the Army; the Deputy Surgeon General and the Assistant Surgeons General while assigned as such, shall have the grade corresponding with the grade of brigadier general, with the same pay and allowances.

(e) The grades of commissioned officers of the Department of Medicine and Surgery are established and shall correspond with grades of officers of the Army as follows:

- (1) Officers of the director grade, colonel;
- (2) Officers of the chief grade, lieutenant colonel;
- (3) Officers of the senior grade, major;
- (4) Officers of the full grade, captain;
- (5) Officers of the associate grade, first lieutenant; and
- (6) Officers of the assistant grade, second lieutenant.

(f) The Administrator of Veterans' Affairs with the approval of the President (1) may prescribe titles appropriate to the several grades referred to in subsection (e) for commissioned officers of the service, in subsection (g) for non-commissioned personnel, and (2) may prescribe appropriate titles for the heads of divisions, sections, or other units which may be established in the Department of Medicine and Surgery. All titles of officers of the Reserve Corps shall have the suffix "Reserve".

(g) The several corps shall include such members of the following grades of noncommissioned personnel as may be approved by the Administrator of Veterans' Affairs: Warrant grade, principle grade, master grade, technical grade, staff grade, junior grade, and auxiliary grade.

(h) Nontechnical and clerical employees may be employed subject to existing laws and regulations pertaining to the civil service.

SEC. 12. After the original appointment to the grade of surgeon general, or head of any component corps, a vacancy occurring in that grade shall be filled

by appointment from members of the corps who have served not less than two years in the next two highest permanent grades.

SEC. 13. (a) Except as provided in subsections (c) and (d) of this section, original appointments to the Regular Corps may be made only in the assistant, associate, and full grades and original appointments to a grade above assistant shall be made only after passage of an examination, given in accordance with regulations of the Administrator of Veterans' Affairs.

(b) Original appointments to the Reserve Corps may be made to any grade up to and including the grade of director but only after passage of an examination given in accordance with regulations of the Administrator of Veterans' Affairs. Reserve commissions shall be for a period of not more than five years and any such commission may be terminated by the President at any time, in his discretion.

(c) In the case of personnel on duty with the Veterans' Administration, or of any transferred service or institution, or on furlough status with the military forces on the date of the approval of this Act, appointments in the Regular Corps may be made without examination to such grades as the Administrator of Veterans' Affairs may recommend and the President may approve, taking into account the character of the services being performed, and the compensation being received, by such individuals.

(d) Whenever commissioned officers of the corps are not available for the performance of permanent duties requiring highly specialized training and experience, the Administrator of Veterans' Affairs, on recommendation of the Surgeon General, shall report that fact to the President and the President is authorized to appoint upon recommendation of the Administrator of Veterans' Affairs not to exceed three persons in any one fiscal year to grades in the Regular Corps above that of full grade but not to a grade above that of director; and for purposes of pay and pay period any person appointed under the provisions of this subsection shall be considered as having had on the date of appointment service equal to that of the junior officer of the grade to which appointed.

SEC. 14. (a) Commissioned officers of the Regular Corps shall receive the same pay and allowances as are now or may hereafter be provided in the case of officers of corresponding grades of the Medical Department of the Army, including increased pay based upon length of service in the determination of which prior service in the Veterans' Administration, the United States Public Health Service, or in any component of the armed forces shall be counted as prescribed by regulation of the Administrator of Veterans' Affairs.

(b) Officers of the Reserve Corps shall receive the same pay and allowance when on active duty as commissioned officers of the Regular Corps.

(c) In accordance with regulations of the Administrator of Veterans' Affairs, officers and personnel of the Regular Corps, and of the Reserve Corps on active duty, may make allotments from their pay and may be granted leaves of absence without any deduction from their pay. They may also be permitted to purchase supplies, when available, at cost plus a percentage established by the Administrator sufficient to cover overhead expense.

(d) Female commissioned officers of the corps shall receive the same pay and allowances as male officers of corresponding grades, including allowances for dependents, except that no allowance shall be paid to any female commissioned officer on account of any dependent who is not in fact dependent upon such officer for his or her chief support. For the purposes of this subsection the term "dependent" shall include a husband, father, mother, and unmarried children (including step-children and adopted children) under twenty-one years of age.

SEC. 15. The several corps shall include such noncommissioned personnel as the Administrator of Veterans' Affairs may deem necessary appointed without regard to civil-service laws and shall be compensated without regard to the Classification Act of 1923, as amended. Deductions from pay for quarters and subsistence may be made in accordance with regulations promulgated by the Administrator of Veterans' Affairs with the approval of the President. The grades and per annum full pay periods of the noncommissioned personnel shall be as follows:

- (1) Warrant grade, \$2,900 minimum to \$3,500 maximum;
- (2) Principal grade, \$2,600 minimum to \$3,200 maximum;
- (3) Master grade, \$2,300 minimum to \$2,900 maximum;
- (4) Technical grade, \$2,000 minimum to \$2,600 maximum;
- (5) Staff grade, \$1,800 minimum to \$2,200 maximum;
- (6) Junior grade, \$1,600 minimum to \$2,000 maximum; and
- (7) Auxiliary grade, \$1,500 minimum to \$1,800 maximum.

Promotions in grade shall be made in 5 per centum increments of the minimum pay of the grade every eighteen months so long as satisfactory service is being rendered.

SEC. 16. (a) Promotions of commissioned officers of the Regular Corps to any grade up to and including the grade of director shall be made only after examination given in accordance with regulations of the Administrator approved by the President, and, so far as is practicable, shall be made according to the same length of service as is now or may hereafter be prescribed for promotion of officers of corresponding grades of the Medical Department of the Army. Such regulations may provide for crediting civilian employment in the Veterans' Administration, or employment as a commissioned officer in the United States Public Health Service, Army or Navy, in determining length of service. All active service in the Reserve Corps as well as service in the Regular Corps, shall be credited for the purpose of promotion in the Regular Corps.

(b) At the end of his first three years of service, the record of each commissioned officer in the Regular Corps originally appointed in or above the full grade shall be reviewed by the Board, appointed pursuant to section 22 of this Act, in accordance with regulations of the Administrator of Veterans' Affairs, and if found not fully qualified for further service he shall be separated from the corps and paid six months' pay and allowances.

(c) When a commissioned officer in the Regular Corps is found, after examination by the Board appointed pursuant to section 22 of this Act, to be not qualified for promotion for reasons other than physical disability incurred in line of duty, and if in the assistant or associate grades he shall be separated and paid six months' pay and allowances; if in the full grade he shall be separated and paid one year's pay and allowances; and if in the senior or chief grade he shall be reported as not in line of promotion, or shall be retired and paid at the rate of $2\frac{1}{2}$ per centum for each complete year of active commissioned service in the corps, but in no case to exceed 60 per centum of his active pay at the time he is retired.

SEC. 17. (a) A commissioned officer of the Regular Corps retired for disability from disease or injury incurred in line of duty, or a commissioned officer of the Reserve Corps retired for disability from disease or injury incurred in line of duty in time of war, shall be entitled, except as provided in subsection (c) to receive retired pay at the rate of 75 per centum of his active pay at the time of retirement.

(b) A commissioned officer shall be retired on the first day of the month following his sixty-fourth birthday and/or by voluntary application may be retired upon completion of thirty years' service. If he is an officer in the Regular Corps, he shall, except as provided in subsection (c), be entitled to receive retired pay at the rate of 75 per centum of his active pay at the time of retirement.

(c) Any commissioned officer of the Regular Corps who at the time of his original appointment was more than forty-five years of age, shall, upon retirement, unless retired for disability from disease or injury incurred in line of duty in time of war, be entitled to retired pay only at the rate of 4 per centum of his active pay at the time of retirement for each twelve months of active commissioned service including any such service in the Army, Navy, or Coast Guard: *Provided*, That civilian employment in the Veterans' Administration and its predecessor organizations, including service as a commissioned officer of the Army, Navy, or United States Public Health Service, prior to appointment in the Regular Corps under section 13 (c) of this Act, shall be deemed as active commissioned service for the purpose of retirement from the Regular Corps, but in no case more than 75 per centum of such active pay.

(d) The retired pay of any commissioned officer who has served four years or more as Surgeon General, Deputy Surgeon General or Assistant Surgeon General shall be based on the pay of the highest temporary grade held by him.

(e) The retired pay of an officer of the Regular Corps who has failed, by reason of disability incurred in line of duty, to receive a promotion to which he would otherwise have been entitled, shall be based on the pay of the grade to which, but for such disability, he would have been promoted.

(f) An officer retired for disability who is found to have recovered from his disability, and in time of war an officer who has been retired for age, may in accordance with regulations of the President be recalled to active duty.

(g) Commissioned officers of the Reserve Corps, while on active duty, shall be deemed to be officers of the executive branch of the Government within the meaning of section 3 of the Civil Service Retirement Act, as amended (U. S. C., 1940 edition, title 5, sec. 693).

SEC. 18. The Administrator of Veterans' Affairs with the approval of the President shall provide by regulation for disability and longevity retirement pay for noncommissioned personnel of the corps at the same rates and under the same conditions as are now or hereafter provided for retirement of noncommissioned personnel of the Army.

SEC. 19. (a) In time of war, the President may by Executive order declare the Department of Medicine and Surgery, operating under the Administrator, a part of the military forces of the United States, and provide the extent to which it shall be subject to the Articles of War. Upon the issuance of such an Executive order, all members of the corps, Regular and Reserve (including their surviving beneficiaries) shall be entitled to the same benefits as other persons in active service insofar as concerns service rendered while the Department is a part of the military forces of the United States.

(b) The members of the corps shall be exempt from selection or draft for service in any other component of the armed forces, and any personnel needs of the corps may be filled by assignment of selected or drafted persons, subject to the limitations and provisions of sections 100 and 102, Public Law 346, Seventy-eighth Congress (Act of June 22, 1944).

(c) An allowance of \$250 for uniforms and equipment is authorized to be paid to each commissioned officer of the corps who is hereafter, in time of war, appointed to the Regular Corps or called to active duty in the Reserve Corps, or who is hereafter on active duty in either corps at the commencement of any war, if at such time the officer is in the assistant, associate, or full grade, and is receiving the pay of the first, second, or third pay period; except that no officer who has received such an allowance from the corps shall at any time thereafter, be entitled to any further allowance. Uniforms for noncommissioned personnel will be furnished without charge in accordance with regulations promulgated by the Administrator of Veterans' Affairs.

SEC. 20. The Reserve Corps of officers and noncommissioned personnel shall consist of physicians, dentists, pharmacists, technicians, nurses, dietitians, social workers, librarians, and such other personnel found qualified on examination in such numbers and grades as are deemed necessary by the Administrator of Veterans' Affairs. Members of the Reserve Corps may be assigned to active duty whenever needed, and any member of the corps may be transferred to the Reserve for any period during which his services on active duty are not required.

SEC. 21. The Surgeon General, under such regulations as the Administrator of Veterans' Affairs shall prescribe, shall from time to time appoint a board of not less than three nor more than five officers of the Department, to determine, upon notice and fair hearing, charges of inaptitude, inefficiency, or misconduct of any member of the corps, and if such charge or charges are sustained shall recommend reduction in grade, retirement, or discharge from the corps of such member. Any member so discharged for inefficiency or inaptitude shall be entitled to one month's pay at the rate of pay in effect at the time of discharge for every completed year of service for which credit for pay or longevity is authorized by this Act not in excess of six years, but no additional pay shall be allowed to a member discharged because of misconduct.

SEC. 22. Commissioned officers and noncommissioned personnel of the Department may be detailed for service with the medical services of the Army and Navy, and commissioned, appointed, or enlisted medical personnel of the Army or Navy may be detailed for service with the corps when such detail, in the judgment of the heads of the agencies concerned, or of the President, will promote the public interests without impairing the efficiency of the service or services involved.

SEC. 23. Commissioned officers and noncommissioned personnel of the Regular Corps, whether on active duty or retired and such personnel of the Reserve Corps when on active duty or retired for disability, shall be entitled to medical, surgical, and dental treatment and hospitalization by the Department of Medicine and Surgery. Subject to regulations approved by the Administrator of Veterans' Affairs, dependent members of their families (as defined in such regulations) of such persons may be furnished medical advice and out-patient treatment by the Department at its facilities, and they may be furnished hospitalization at such facilities, if suitable accommodations are available beyond the needs of eligible veterans, at a per diem cost to the officer or noncommissioned person. Such cost shall be at such uniform rate as may be prescribed from time to time by regulations promulgated by the Administrator of Veterans' Affairs.

SEC. 24. The Administrator of Veterans' Affairs, in his discretion, may establish and continue a special medical advisory group composed of members of

the medical and allied scientific professions, nominated by the Surgeon General, whose duties shall be to advise the Administrator of Veterans' Affairs, through the Surgeon General, and the Surgeon General direct relative to the care and treatment of disabled ex-service men and women, and other matters pertinent to the Department of Medicine and Surgery. The number, terms of service, compensation, and allowances to members of such council shall be in accord with existing law and regulations.

SEC. 25. The expenses, except personnel membership fees, of members of the corps detailed by the Surgeon General to attend meetings of associations for the promotion of medical and related sciences are hereby authorized, subject to available appropriations.

SEC. 26. The Administrator of Veterans' Affairs, upon the recommendation of the Surgeon General, may employ physicians, dentists, pharmacists, technicians, nurses, dietitians, social workers, librarians and such other professional or technical personnel in addition to commissioned or non-commissioned personnel of the component corps, on a full-time, part-time or fee basis at such rates of pay as he may prescribe subject to existing law.

SEC. 27. The members of the corps shall be entitled to use the insignia of grade and such insignia of service and use thereof as may be prescribed by the Administrator of Veterans' Affairs, and the appropriations of the Veterans' Administration shall be available for expenses deemed necessary and appropriate to carry out these and other provisions of this Act. The Administrator of Veterans' Affairs is authorized to enter into agreements or contracts with the War Department for the purchase of uniforms, accouterments, equipment, and other supplies of the corps.

SEC. 28. Members of the corps, Regular and Reserve (including their surviving beneficiaries), shall be entitled to receive the same benefits for injury or death in the performance of their duties as civil officers and employees of the United States under the United States Employees' Compensation Act of September 7, 1916, as amended (39 Stat. 742; 5 U. S. C. 71, et seq.): *Provided*, That any such member or beneficiary of such member eligible to receive any benefit authorized by this section who is also eligible to receive any payment or benefit (except the proceeds of any insurance policy) under any provision of law other than such Act of September 7, 1916, as amended, on account of the same injury or death, shall elect which benefit he shall receive.

SEC. 29. (a) The President upon the recommendation of the Administrator shall from time to time prescribe regulations with respect to the appointment, promotion, retirement, termination of commission, titles, pay, uniforms, allowances (including increased allowances for foreign service), leave, and discipline of the personnel of the corps.

(b) The Surgeon General, with the approval of the Administrator, unless specifically otherwise provided, shall promulgate all other regulations necessary to the administration of the corps and consistent with existing law, including regulations with respect to travel, transportation of household goods and effects, and uniforms for employees, and regulations with respect to the custody, use, and preservation of the records, papers, and property of the corps.

SEC. 30. The Administrator of Veterans' Affairs is authorized to appoint, in addition to the Surgeon General, not to exceed five staff assistants, including a general counsel, in the salary range \$9,000-\$12,000 per annum.

The CHAIRMAN. General Hines, will you come around, please?

Mr. SCRIVNER. Just a moment, please. I was very much surprised this morning when the phone call came stating that the meeting was for consideration of H. R. 3310. I did not even know what it was about until I came in here this morning. I have now looked over it hurriedly. It contains 23 pages. I was anticipating, in keeping with the news stories, that the bill which you have presented set up a corps in the Veterans' Administration. I may be wrong, but it seems to me that we are getting the cart before the horse. My understanding was that the purpose of the investigation that was authorized was to go into this matter and determine the facts and then make recommendations for legislation. I think that this is not the time to consider legislation. I do not think we are ready. I do not think we have enough information or facts.

The CHAIRMAN. We will get the information as we go along, Mr. Scrivner. Besides, we have the veterans to take care of.

Mr. SCRIVNER. I know that.

The CHAIRMAN. We have some conditions that we are going to have to meet, and as we go along we are going to develop all the facts connected with every phase of the matter. We spent about a week here and had witnesses on the stand from whom we got no information that was not already available. Most of the testimony was hearsay; and we have today a condition with reference to the medical staff, the nursing staff, and clerical help in the Veterans' Administration that is simply blocking the effectiveness of the Veterans' Administration in carrying out the directions of Congress in taking care of the veterans. For that reason I have laid this bill before you and I am going to take some time out from the investigation to go through it and see if we can report this bill at an early date.

Mr. SCRIVNER. In view of that statement, Mr. Chairman, I move that we defer consideration of H. R. 3310 until the completion of the investigation.

Mr. ENGLE. I second that motion.

Mr. SCRIVNER. I do not think we are ready for it. We have had a Veterans' Administration for 21 years. General Hines has been here a number of times in the past 19 months, and then all of a sudden there comes a bill. I do not know what is in it. I do not think any member knows what all is in it.

The CHAIRMAN. That is what I desire to show you.

Mr. SCRIVNER. I can read it myself. We started out here on an investigation which I think would probably disclose to us many things. I agree with you perfectly that the first two witnesses brought forth nothing of great value. Of course, the first one did not even get started. The second one gave us a few names, and I think that some of the names he gave and some of the statements he made would bear complete investigation. I ran into a few things that I think might well be investigated. I think that every Member here ran into a few things that might well be investigated. The Nation as a whole has been told that there was going to be an investigation made. I have promised not only myself but my people that there would be an investigation; that it was going to be an investigation that would disclose facts, and I did not care who was helped or hurt. I think we are getting into pretty much of a rush after 21 years; and I think my motion is properly made.

Mr. KEARNEY. With reference to the investigation, I have numerous letters in my office from boys who are in the hospitals, one in particular from a boy from Alabama. What I would like to know is, if witnesses are subpoenaed is there any provision made to pay their travel expense?

The CHAIRMAN. No.

Mr. KEARNEY. Then it seems to me that, in order to properly conduct this investigation, we have got to send somebody to those hospitals where the boys are making these complaints.

The CHAIRMAN. I want to say to the gentleman from New York that most of the complaints we have had were with reference to hospitals in New York and Massachusetts. I have discussed with counsel the advisability of sending a subcommittee to those hospitals to hold hearings and find out what, if anything, is wrong there.

Mr. KEARNEY. I think it would be more than New York and Massachusetts. I have some letters that take in other States.

The CHAIRMAN. We have 94 of these hospitals over the country.

Mr. SCRIVNER. I think 94 hospitals ought to be visited.

The CHAIRMAN. You will be here from now on if you undertake to conduct a similar investigation at every single hospital in the United States.

Mr. SCRIVNER. If you do not conduct an investigation, you will not be here from now on.

Mr. GIBSON. Let us not worry about whether we stay here or not.

The CHAIRMAN. What I am looking at is the best interest of the veterans.

Mr. SCRIVNER. That is what I am looking at, too. That is what we are all looking at.

The CHAIRMAN. I have asked representatives of the American Legion to be here next Tuesday to testify on this bill, because we know that something has got to be done along this line. If you members of the committee want to kill this bill at this stage of the game, all right.

Mr. SCRIVNER. I am not anxious to kill any bill, but I think we ought to have some information to base it on.

The CHAIRMAN. What witnesses do you want?

Mr. ENGLE. I have prepared a motion which I intend to submit to the committee, which will outline the procedure to be followed.

The CHAIRMAN. I appointed the gentleman from California to look over his own hospitals during the recess—and the gentleman from Kansas, and every other member of the committee.

Mr. ENGLE. I have a great deal of information on those hospitals, but I would like to submit this motion——

The CHAIRMAN. You are going to have a chance to submit it—and every single one of you, if you want to block this legislation——

Mr. SCRIVNER. There is no purpose of blocking any legislation at all. If the veterans are not getting attention, we are going to see that they get it. There is no one more interested in it than I am.

The CHAIRMAN. What is the motion? I want to say that you have insisted on going out and getting these writers, from whom you did not get any facts on God's earth. I am going to ask you Members of Congress to take the stand and tell what you found in the hospitals that you visited, and what hospitals you did visit.

Mr. SCRIVNER. There are 21 members of the committee.

The CHAIRMAN. I understand that. There is a chairman of the committee, too.

Mr. HUBER. I objected to the subpoenaing of the writers in the first place.

The CHAIRMAN. I think you were right.

Mr. HUBER. We never heard from Mr. Deutsch.

Mr. GIBSON. He would not talk.

Mrs. ROGERS. He did not have an opportunity.

The CHAIRMAN. I do not think that any member of the committee will regret, when his story is developed, that we did not call him back. All these trips that have been made to veterans' hospitals by writers who know nothing about them are not going to deter me from my

efforts to bring relief to the men in those hospitals who need it and who deserve it.

Mr. KEARNEY. I thoroughly agree with you on the appointment of a subcommittee.

The CHAIRMAN. I said I was going to appoint a subcommittee to go to Castle Point and those other places that complaints have come from in the States of New York and Massachusetts. I do not think there was enough brought out on the Pennsylvania hospital—I leave that to the gentleman from Pennsylvania—to justify sending a subcommittee there. When this matter was first started we had representatives of the American Legion of Mississippi, and I turned them over to the committee. I was absent, but they were cross-examined and you found out just about what we find elsewhere—a shortage of attendants, and so forth.

Mr. SCRIVNER. That is what the public should know.

The CHAIRMAN. That is what we are going to bring out by General Hines and these other witnesses on this bill.

Mr. PICKETT. I do not think anyone would object to hearing any pertinent facts, but the committee does not want to proceed with the consideration of legislation that may be designed to correct evils that are alleged to exist but which we do not yet know do exist. We want to proceed with our investigation with as much dispatch as possible and, if the charges are true, correct them. If they are not true, refute them by proper testimony.

I join the other gentlemen who have spoken in saying that I think consideration of this particular bill at this time is untimely.

Mr. GIBSON. I visited four hospitals and made a minute survey of them. The only criticism I could find was the system of selecting doctors. There is nobody but the Congress of the United States responsible for that. We know that the load is increasing daily by the thousands in these hospitals, and it is our duty, irrespective of any condition that may exist in the hospitals, to now and forthwith correct this system of selecting doctors. If we find things in the future that are wrong we can correct them, but we certainly ought to have the advantage of the testimony of General Hines to expedite getting efficient medical help for these boys. If anyone delays this legislation arbitrarily, let them take the responsibility.

The CHAIRMAN. I will say to the gentleman from Georgia that he has pointed out the very difficulty that we are confronted with, and that is the system of selecting doctors. That is one thing that this bill is designed to cure, and for that reason I have asked that it be laid before the committee at this time. You can do as you please. We are going to pass legislation of this kind if I have to have it passed under suspension of the rules. I have been here for a long time. I was on this committee with Royal Johnson. We will give you all the opportunity you want. We will be here from now until frost to hold hearings and put all the criticisms you want to into the record, and those of you who have been going out and making statements to the press can exhaust yourselves on it, but we are going to have legislation to take care of the veterans if I have to pass it under a suspension of the rules.

The clerk will call the roll on the motion of the gentleman from Kansas [Mr. Scrivner] that we defer consideration of the bill.

MR. SCRIVNER. The motion was to defer action on H. R. 3310 until the investigation has been completed.

MRS. ROGERS. Will the gentleman amend that to embrace only an investigation of the hospitals?

MR. SCRIVNER. I will leave the motion as I stated it, if you do not mind.

MRS. ROGERS. May I offer as a substitute, "until the investigation of the hospitals is completed"?

THE CHAIRMAN. I will not entertain that motion, for the simple reason that his motion is indivisible.

MRS. ROGERS. I do not see why, Mr. Chairman.

THE CHAIRMAN. Because I hold it out of order. You cannot investigate one part of the problem without investigating all of it.

MRS. ROGERS. I do not see why we cannot take it in two bites, under the rules of the House.

THE CHAIRMAN. We are investigating the whole Veterans' Administration, hospitals and all; and there is no way that I see to divide it at this stage of the game, because we are going on and investigate the whole proposition.

THE CLERK. Mr. Rankin?

THE CHAIRMAN. No.

THE CLERK. Mr. Peterson? (Mr. Peterson was absent.)

Mr. Allen? (Mr. Allen was absent.)

Mr. Gibson?

MR. GIBSON. No.

THE CLERK. Mr. Domengeaux?

MR. DOMENGEAUX. Yes.

THE CLERK. Mr. Engle?

MR. ENGLE. Yes.

THE CLERK. Mr. Stigler? (Mr. Stigler was absent.)

Mr. Ervin?

MR. ERVIN. Yes.

THE CLERK. Mr. Carnahan?

MR. CARNAHAN. Yes.

THE CLERK. Mr. Pickett?

MR. PICKETT. Aye.

THE CLERK. Mr. Green?

MR. GREEN. Yes.

THE CLERK. Mr. Rayfiel?

MR. RAYFIEL. Aye.

THE CLERK. Mr. Huber?

MR. HUBER. Yes.

THE CLERK. Mrs. Rogers.

MRS. ROGERS. Aye.

THE CLERK. Mr. Cunningham?

MR. CUNNINGHAM. Aye.

THE CLERK. Mr. Kearney?

MR. KEARNEY. Aye.

THE CLERK. Mr. Bennett? (Mr. Bennett was absent.)

Mr. Scrivner?

MR. SCRIVNER. Aye.

THE CLERK. Mr. Auchincloss? (Mr. Auchincloss was absent.)

Mr. Vursell? (Mr. Vursell was absent.)

Mr. Ramey?

Mr. RAMEY. I would like to explain my vote. I have covered a few hospitals and thoroughly covered them and made such investigation as was possible, but there are two and a part of another one that I would like to have a report on before I vote. I will say that I visited the hospitals at Roanoke, which I found splendid—

The CHAIRMAN. We are going to call on you as a witness. I am going to call on members of the committee who have been to these hospitals.

Mr. RAMEY. All right. I will vote "aye" for the present. I want to have something in the record to explain my vote. One hospital is at Dayton and one at Chillicothe. I have asked the attorney to have certain witnesses here so that we can find out the truth or falsity of the complains. Is Mr. McQueen here?

Mr. MCQUEEN. Yes.

Mr. ENGLE. I have prepared a motion and I would like to submit it at this time, setting forth the order in which the investigation should proceed.

The CHAIRMAN. The vote has not been announced yet.

The CLERK. There are 13 ayes and 2 noes.

The CHAIRMAN. The motion is carried.

Mr. ENGLE. Then I move that the order of business before the committee be the continuation of the investigation of the Veterans' Administration and the veterans' hospitals, without interruption, and that such investigation proceed as follows:

1. By calling the representatives of the various veterans' organizations who wish to testify with regard to conditions in the veterans' hospitals and the Veterans' Administration generally.

2. That thereafter Members of Congress who desire to appear in regard to veterans' hospitals and the Veterans' Administration generally be permitted to do so.

3. That thereafter the Veterans' Administration be given an opportunity to appear and submit testimony in regard to all matters concerning the investigation before the committee; and

4. That thereafter the committee meet in executive session to determine the advisability of sending subcommittees to view and investigate various hospitals and conditions revealed by the testimony and to consider the advisability of securing medical experts to assist the committee and to consider such further procedure and investigation as the committee may think fit and proper.

I submit that for the consideration of the committee.

Mr. PICKETT. I second the motion.

The CHAIRMAN. The veterans' organizations, as I explained, are not ready.

Mr. KEARNEY. Two of the commanders are in Europe.

The CHAIRMAN. And if you follow that procedure you will be here all summer. I just want to say to you now that we have got to have some legislation some time, and the longer you delay it the more the boys are going to suffer for the want of care. For that reason I think the best thing to do is to go ahead and hear the witnesses who have made these investigations, and take the veterans' organizations when they are ready to appear.

Another thing: the legislative committee of the American Legion is having its meeting in Chicago this week, and they asked to be heard on

this legislation next week, and I agreed to give them Tuesday. I do not know whether the Veterans of Foreign Wars are represented and prepared to make a statement or not; but I do know that Members of Congress are present, and they have been to these hospitals, and I think the best thing to do would be to go ahead and hear them. If the gentleman's motion were to carry you would probably find yourselves in a stalemate here from day to day for lack of witnesses.

Mr. ENGLE. I have been in contact with State commanders in California and they have told me that they have forwarded their reports. I have a copy of one of the reports from California.

The CHAIRMAN. The State commanders are not the ones we look to here. We look to the national organizations.

Mr. ENGLE. I know; but their information is here and they have been conducting the investigations.

The CHAIRMAN. Do you have the information?

Mr. ENGLE. Yes.

The CHAIRMAN. I will call on the gentleman from California, if you want to read that information into the record.

Mr. KEARNEY. Will the gentleman from California yield?

Mr. ENGLE. I yield.

Mr. KEARNEY. I would like to ask General Hines if on the visit of the national commanders to the various facilities throughout the country it was not supplemented by the State commanders also.

General HINES. I asked the national commanders to come to my office; that is, of the three organizations that have the greatest number of veterans—the American Legion, the Veterans of Foreign Wars, and the Disabled American Veterans. I suggested to them that they choose their own way by having their department commander either select a committee or use their service officers and investigate the hospitals in their States. I do know that the commanders sent out questionnaires, very complete, and that a number of reports have been made by either local committees or by the department commanders and others. I have in my possession a report from the DAV covering 50 hospitals. I have not had any report from the VFW or the Legion, but I understand that those reports are coming in. I do not have a summary of their entire report, but I feel quite sure that the national commanders, when that is compiled, will either wish to present it to Congress or have somebody present it for them. While the request was made by me, I think they all understand that in view of the action that I took, asking this committee to investigate affairs, they feel free to come before the committee and present their report.

The CHAIRMAN. Are they ready now?

General HINES. I doubt very much whether they are ready yet. The Disabled American Veterans has a consolidated report on 50 hospitals, I know, that the national commander handed to me the other day.

Mrs. ROGERS. I move reconsideration of the vote. I change my vote.

Mr. ENGLE. My motion is now pending. The reason I present it is this. I do not think it is material who appears first, but I feel that the Veterans' Administration should be last.

The CHAIRMAN. Does the gentleman from California want to testify?

Mr. ENGLE. No; I do not want to testify at this point.

The CHAIRMAN. I appointed the gentleman from California and asked him to investigate hospitals in his own State. If he has any information I will be glad to hear him. Otherwise I will be glad to hear further motions.

General HINES. Mr. Kraabel, of the Legion, is here, the director of the rehabilitation office here. He says that about 60 of their reports have come in so far, and they are sending them individually to my office where they are being summarized.

The CHAIRMAN. Is he ready to report?

General HINES. I think he probably has read the individual reports, but they have not been consolidated. I am not sure that the committee will want to read each individual report. But they will be summarized by summarizing the answers to the various questions. Most of the questions are put in such way that they can be answered "yes" or "no"; and the reports that I have seen indicate where they found deficiencies and made recommendations on deficiencies. Those that I have seen indicate that they are doing a good job.

Mr. SCRIVNER. If they cover separate hospitals they ought to be given separately.

The CHAIRMAN. Mr. Sullivan, are you ready to report on your investigation?

Mr. SULLIVAN. No, sir; I am not. Mr. Kraabel will tell you the status of the survey.

Mr. DOMENGEAUX. Mr. Chairman, there is a motion before the house.

Mr. GIBSON. They were requested to testify first.

Mr. SCRIVNER. I request that the motion be re-read.

The CHAIRMAN. I thought there would be no objection to following this procedure.

Mr. GIBSON. It was moved that the order of business before the committee be the continuation of the investigation of the Veterans' Administration, without interruption—

Mr. DOMENGEAUX. That is very true, but we have not voted on it yet.

The CHAIRMAN. Is there any objection to that procedure? (No response). It is so ordered.

Mr. SCRIVNER. I do not have any objection, but I do request that it be re-read. I want to see what the order of procedure is.

(Mr. Engle re-read the motion referred to.)

The CHAIRMAN. That carries with it a postponement of the legislation until after that.

Mr. ENGLE. Unless superseded by further action of the committee.

Mrs. ROGERS. I vote for that, but I do feel very strongly that the Medical Corps bill should be taken up before the entire investigation is finished.

The CHAIRMAN. You can fritter away all the time you want to here with these resolutions, but we are going to pass legislation to cure the situation of these veterans' hospitals with reference to the medical staffs and the help in those hospitals, if we have to do it under suspension of the rules, or go to the Senate to get it.

I am going to put the motion of the gentleman from California.

Mr. KEARNEY. May I ask the distinguished lady from Massachusetts a question?

The CHAIRMAN. Yes.

Mr. KEARNEY. Mrs. Rogers, what I am trying to get at is this. Here is a bill that is introduced to correct certain deficiencies, as I personally assume it to be. So far as the investigation is concerned, can we justifiably say that there are deficiencies or there are not? We have not completed the investigation of the hospitals yet.

Mrs. ROGERS. I do not think the gentleman realizes what I am trying to get at. I think that when we complete our investigation of the hospitals and the Medical Corps and the Nursing Corps we should pass legislation. General Hines has repeatedly said that they are a thousand nurses short.

Mr. KEARNEY. You do not think it should be passed now?

Mrs. ROGERS. No. Complete the investigation of the hospitals first. I will gladly vote for the gentleman's motion if he will place that in it.

Mr. GIBSON. I move the previous question.

The CHAIRMAN. The gentleman from Georgia moves the previous question.

(The motion was agreed to.)

The CHAIRMAN. The question is on the motion of the gentleman from California [Mr. Engle].

(The motion was agreed to.)

The CHAIRMAN. You have changed the procedure now, and I will ask for a session with no witnesses present.

Are there any of the three accredited veterans' organizations present—the American Legion, the Veterans of Foreign Wars, or the Disabled Veterans of World War I present?

Mrs. ROGERS. I have a motion, Mr. Chairman. I would like to be heard on it. I want to change my vote on the original motion.

The CHAIRMAN. We have already passed that.

Mrs. ROGERS. Any time, a measure can be reconsidered by a change of vote; and on the original motion I change my vote.

The CHAIRMAN. Someone can make a motion to table that.

Mrs. ROGERS. I make such a motion.

The CHAIRMAN. Your motion is to reconsider the first vote?

Mrs. ROGERS. Yes.

(The motion was lost.)

The CHAIRMAN. Mr. Sullivan, of the American Legion, are you ready to report?

Mr. SULLIVAN. No; Mr. Chairman. We could not report before a week from tomorrow.

The CHAIRMAN. Let me ask Mr. Ketchum of the Veterans of Foreign Wars if he is ready to report.

Mr. KETCHUM. I just came in. I am sorry I was late. Report on what—the hospital investigation?

The CHAIRMAN. Yes.

Mr. KETCHUM. We are not ready to report today. It was my understanding that you were going to hold hearings on this bill.

The CHAIRMAN. When will you be ready to report?

Mr. KETCHUM. I would say, in a week.

The CHAIRMAN. Is there a representative of the Disabled American Veterans present?

The CLERK. The representative of that organization called to say that he would be out of town until the end of the week.

Mr. SCRIVNER. The point I was going to raise is that no one of these organizations knew that they were going to be called on to report today. The chairman has asked for three of them this morning, and they had no idea that they were going to be called on.

The CHAIRMAN. I was trying to find out when they will be ready.

We have some Members of Congress present who visited these hospitals, and if there is no objection we will proceed to hear them.

Mr. SCRIVNER. I do not suppose that any of them knew they were to be called this morning.

Mr. GIBSON. I am ready to report.

Mr. KEARNEY. I am ready to report at any time.

Mr. DOMENGEAUX. I wish to make a motion, please, sir. I move that the action taken by this committee in holding Albert Deutsch guilty of contempt be rescinded, and that the said Albert Deutsch be recalled before the committee in order to have his testimony fully taken, and his statement filed, at some later date during this investigation.

Mr. PICKETT. I second that motion.

The CHAIRMAN. I agreed to lay the matter before the committee some time in executive session.

Mr. DOMENGEAUX. I think it is necessary to reestablish the confidence of the public in the work of this committee to have such action taken, and I make that motion.

The CHAIRMAN. I think you are making a mistake. If you want to make that motion we will go into executive session and discuss it.

Mr. DOMENGEAUX. I make that motion, sir.

Mr. GREEN. I make the motion that we go into executive session.

The CHAIRMAN. Is there any objection to that?

Mr. KEARNEY. I object.

The CHAIRMAN. The gentleman from Louisiana [Mr. Domengeaux] makes the motion that Mr. Deutsch be recalled to testify before the committee—

Mr. DOMENGEAUX. That the action of the committee be rescinded, that the contempt proceeding be rescinded.

The CHAIRMAN. You mean, temporarily; you do not mean permanently, do you?

Mr. DOMENGEAUX. Of course, if he is guilty of contempt in the future it would be the prerogative of this committee to decide it.

(The motion was agreed to.)

The CHAIRMAN. Is he here?

Mr. DOMENGEAUX. I do not know.

Mrs. ROGERS. I think he should be notified.

(Whereupon, at 10:30 a. m. the committee proceeded to the consideration of H. Res. 192.)

The CHAIRMAN. We will hear the gentleman from Iowa [Mr. Cunningham].

Mr. SCRIVNER. Before we start, Mr. Chairman, there was a request made, I think, some 10 days or nearly 2 weeks ago, for copies of all 37 articles. I have never received any copies of them yet.

The CHAIRMAN. I do not know that I have them.

Mr. SCRIVNER. I thought when we adjourned there were to be copies made for each member of the committee.

The CHAIRMAN. If we have photostatic copies made that will be 21 times 37 photostats.

Mr. SCRIVNER. I personally would like to have a copy. I do not buy PM, so I do not have any of them in my file at all.

The CHAIRMAN. If the committee wants it done I will order them photostated.

Mr. SCRIVNER. I do not know whether all members of the committee want them or not.

The CHAIRMAN. How many will you need?

(A number of hands were raised.)

The CHAIRMAN. Could we get by with half a dozen of them?

Mr. PICKETT. I think we could get by with half a dozen.

The CHAIRMAN. I will ask that those photostats be made.

The clerk informs me that they would just as soon make the whole 20. I will order one for each member of the committee.

STATEMENT OF HON. PAUL CUNNINGHAM, A REPRESENTATIVE IN THE CONGRESS OF THE UNITED STATES FROM THE FIFTH DISTRICT OF IOWA

The CHAIRMAN. It was agreed that Members of Congress would not be sworn, but that they would be subject to cross-examination by counsel and members of the committee.

Mr. CUNNINGHAM. It has been some time since I looked at my report.

On April 2, 1945, I arrived at the veterans' hospital at Aspinwall, Pa., at 11 a. m. I called on the commanding officer, Colonel Carrol. I went first to the kitchen while they were serving the noon meal. I went through the ice boxes, garbage disposal room, and so forth, talked with the dietitian and looked at the food. Then I went to the dining room and visited with the men from table to table during the meal-time, after which I went through the wards and talked with about 50 of the patients. I went through the operating room and other rooms of the hospital. I then went back to the kitchen, when it was cleaned up after the noon meal; went into the storage rooms and the bakery and talked at length with the dietitian. At 5:30 p. m. I had gone through as much of the hospital as I could, so went to the clinical director's office and visited with him and several doctors. I also talked with doctors and nurses on the floors.

I found the kitchen clean, the food clean and good and prepared as it is prepared in all kitchens where large quantities are served. The quality of the meats and food was first-class. Swift's Premium ham and bacon and A-grade beef were used. The bakery and operating rooms were immaculate. The hospital's halls and wards were clean.

I make a distinction between immaculate and clean. The bakery and operating rooms were immaculate. I could not find anything wrong with them at all.

The CHAIRMAN. You mean, where the food was cooked? Does that refer to the kitchen also?

Mr. CUNNINGHAM. I have the kitchen marked as clean, not immaculate.

I want to say, in connection with that, that the Aspinwall Hospital is an old hospital that has been built longer than most of them that I was in. It is right close to Pittsburgh and it inherits the smoke and the smudge, the fog and dust that surround that great city. It

would be pretty difficult to have that hospital as clean as some of the others, because of its geographical location and the atmosphere surrounding it. In many ways I was surprised to find it as clean as it was. I cannot classify the kitchen as being as clean as some of the others; yet it was clean, and the receptacles the food was prepared in were clean.

I want to say, also, that no one went with me. Colonel Carrol was very nice; he offered to send someone with me, but I said I preferred to go alone. I was three-fourths of the way through the kitchen before anyone knew who I was. One person tried to have me thrown out.

The CHAIRMAN. Why did they want to have you thrown out?

Mr. CUNNINGHAM. They saw a stranger walking around and looking at the food, and they thought I had no business in there. But that was taken care of.

The patients with whom I talked were universally resentful of the charge made in the Cosmopolitan magazine and thought it was unfair and unjust.

The CHAIRMAN. You mean, the Maisel report?

Mr. CUNNINGHAM. Yes. I mentioned it to Mr. Maisel when he was on the stand. I also found that every patient that I talked to had a copy of the magazine at his bed. I did not find out how it was placed there. I know they did not subscribe for it.

Every patient with whom I talked said the treatment they received by the nurses and doctors was first-class and there was no complaint against the personnel. They all said the food was good and plentiful, but some complained that it was not well prepared and not well seasoned. Three patients, when I first talked to them, said they had complaints against the food, and upon questioning I found it was only on the preparation and can be summed up this way: One patient said eggs five times a week was too often; another said there was too much of a sameness; and another complained about the food for a while, then laughed and said, "Oh, h—l, if I had to eat my wife's cooking three meals a day constantly for 5 years, I would not like it either." One patient in the dining room complained of the food and when asked what was wrong, he said, "I should not be at this table." The other men at the table spoke up and said the food was all right, nothing wrong with it, they were perfectly satisfied; that all this fellow needed was a drink. He then said he should be at another table, and I found his only complaint was that the other boys were razzing him a little. I did not take that as a serious complaint.

The CHAIRMAN. Is that a neuropsychiatric hospital?

Mr. CUNNINGHAM. A general medical hospital, with tubercular patients.

The CHAIRMAN. It has a tubercular ward?

Mr. CUNNINGHAM. Yes. One man in the dining room, when I was about ready to leave, said, "Are you looking for complaints?" I said, "Yes." I supposed I was going to get something. He was not a bed patient; he had the run of the ward. After talking with him a while I found that his only complaint was that he was in the hospital 15 weeks and had only received 13 pills. I inquired about this patient later and found that they had him under observation. They felt

there was nothing seriously wrong with him. The pills were given to him to satisfy him that he was receiving treatment.

This hospital has 946 patients.

Mrs. ROGERS. Will you give us a break-down as to World War I patients and World War II patients?

Mr. CUNNINGHAM. Thirty-seven percent of the patients are from World War II and 63 percent from World War I. I do not believe that there were any Spanish-American War veterans there. None of these boys had any complaint against the treatment, the nurses, the doctors, the food, or the hospital generally. One boy, who had been in the South Pacific and is a bed patient, said, "Everything is all right here if you obey the orders and do as you are told. That is all that is necessary to get good treatment here."

The most serious complaint I found against the hospital was from one group of patients in one ward, to the effect that the patients themselves are being allowed to run the hospital, or at least a group of them. All of these complaints came from World War I patients who had been there for a good many years. One man I found had been in the hospital 9 years and several had been there 4 and 5 years. Although there was a total of 946 patients, the colonel himself said there was some crowding, yet there seemed to be capacity for some more, I think, slightly over a thousand. I am not sure of that figure. I know there were 946 there. Personally I did not see any evidence of overcrowding, except that in some of the general wards the beds were close together, as in any general hospital. I could not see any difference in that.

I met and talked with a boy from World War I, who had been a patient at Castle Point hospital and occupied the same ward with the man referred to in the *Cosmopolitan* magazine article, who had to go some 50 or 60 miles for an operation and did not get it and then came back to the hospital. I have since learned that his name is Collier. He said that was a true statement, as he saw the boy leaving and saw him when he came back. This same man said that when he came in to Aspinwall Hospital they said, "There is your bed and there is your meal ticket," and left him alone. He is a tubercular patient, but he had no complaint against the treatment by the personnel or the food other than that he got tired of it at times.

In regard to the man at Castle Point who went for the operation, this particular man who claimed he was in the next bed to him when he left said that the man Collier went because he felt himself that he was able to go, and when he got there they thought he was not in shape for an operation, and they sent him back, and he came back alone.

Mr. KEARNEY. How long was he at the Bronx Hospital?

Mr. CUNNINGHAM. I did not get the length of time. This boy said, "I saw him when he left and when he came back."

Mr. PICKETT. The patient you talked to was with the Collier boy about whom the complaint was raised in the magazine article—the patient at Aspinwall said that Collier made no complaint as to the character of the treatment he received when he got back?

Mr. CUNNINGHAM. That is the way I understood him; and that he was perfectly willing to go alone. He thought he was able to go, and

the doctors thought so too, but when he got there he was worn out, and they did not want to operate on him, but allowed him to go back to the Castle Point hospital.

Mr. PICKETT. Collier offered no complaint about the mission or the way he was sent on his mission or the character of treatment he received in going there, while he was there, or on the way back?

Mr. CUNNINGHAM. Not according to what this fellow told me; that is right.

Some bed patients claimed that when the food reached their beds on the tray it was cold. I investigated that. I found that all of the food at Aspinwall is prepared in the main kitchen on the first floor and is then sent in receptacles to the rooms on the ward floors, where it is transferred to trays and then to the rooms; and by the time it reaches the rooms at the far end of the halls, it is cold. This could be corrected by having the food for each floor prepared on that floor, insofar as bed patients are concerned, or at least have it heated just before it is placed on the tray and sent to the patient, as there is too much time between its leaving the steam table in the main kitchen and its arrival at the patients' rooms. But this is the fault of the general policy of the Veterans' Administration, as near as I could get the information, and not the fault of anyone at this particular hospital, as they are only carrying out the instructions from those above. I talked with the clinical director about this and he recognized the truthfulness of the complaint and said it could be remedied if they were permitted to cook or reheat the food on each floor.

I found a different situation there from what I did at other hospitals. They did not have the plug-in and plug-out carts or wagons that I found in other hospitals that would take care of that situation; and those in charge felt they should be allowed to heat the food on the ward floor.

The CHAIRMAN. Did you bring any menu cards?

Mr. CUNNINGHAM. I did.

The CHAIRMAN. Will you insert them in the record at this point? Or do you have them in your statement? If you have them in your statement, that will be all right. I just want them in the record. If they are not in your statement, I will ask you to insert them at this point.

Mr. CUNNINGHAM. I have two of them. I have one for April 2, 1945. That is the week I was there. Then I got one for March 26, the week preceding, and I had both of them signed by the dietitian, the chief medical officer, and the manager, Colonel Carroll.

The CHAIRMAN. I would like to have you read some of it into the record.

Mr. CUNNINGHAM. The one for March 26—that is the week before I was there—shows, for breakfast: Applesauce, bran flakes, fried eggs, toast, coffee, tea, or milk.

For lunch: Vegetable soup, crackers, smoked tongue with horse-radish sauce, buttered parsleyed potatoes, creole string beans, bread and butter, lemon layer cake, coffee, tea, or milk.

For the evening meal: Frankfurters, baked sweet potatoes, escarole, with French dressing, finger rolls, butter, Royal Anne cherries, coffee, tea, or milk.

The CHAIRMAN. Insert the whole menu, if you will, please.

(The menu referred to and submitted by the witness is as follows:)

Regular diet menu, week of March 26 to April 1, 1945, Aspinwall, Pa.

MARCH 26, 1945

Breakfast:

Applesauce.
Bran flakes.
Fried eggs.
Toast.
Coffee, tea, milk.

Dinner:

Vegetable soup, crackers.
Smoked tongue, horseradish sauce.
Buttered parsley potatoes.
Creole string beans.
Bread, butter.
Lemon layer cake.
Coffee, tea, milk.

Supper:

Frankfurters.
Baked sweet potatoes.
Escarole, french dressing.
Finger rolls, butter.
Royal Anne cherries.
Coffee, tea, milk.

MARCH 27, 1945

Breakfast:

Half grapefruit.
Rolled oats.
Broiled bacon.
Toast.
Coffee, tea, milk.

Dinner:

Navy bean soup, crackers.
Hamburgers, mashed potatoes.
Buttered lima beans.
Bread, butter.
Maple ice cream.
Coffee, tea, milk.

Supper:

Creamed chipped beef on toast.
Buttered beets.
Quartered lettuce, french dressing.
Bread, butter.
Pear halves.
Coffee, tea, milk.

MARCH 28, 1945

Breakfast:

Pineapple juice.
Whole wheat flakes.
Soft cooked eggs.
Toast.
Coffee, tea, milk.

Dinner:

Scotch broth, crackers.
Roast lamb, gravy.
Buttered diced potatoes.
Buttered carrots.

MARCH 28, 1945—continued

Dinner—Continued

Bread, butter.
Bread pudding with meringue.
Coffee, tea, milk.

Supper:

Plain omelet with creole sauce.
Browned potatoes.
Cole slaw with vinegar.
Prune plums, bread, butter.
Coffee, tea, milk.

MARCH 29, 1945

Breakfast:

Orange.
Cream of Wheat.
Hot cakes, sirup.
Toast.
Coffee, tea, milk.

Dinner:

Vegetable soup, crackers.
Roast pork, tart jelly.
Dressing, gravy.
Stewed tomatoes.
Bread, butter.
Baked custard.
Coffee, tea, milk.

Supper:

Smoked liver sausage.
Buttered corn.
Combination salad.
Bread, butter.
Apricot cobbler.
Coffee, tea, milk.

MARCH 30, 1945

Breakfast:

Kadota figs.
Corn flakes.
Scrambled eggs.
Toast.
Coffee, tea, or milk.

Dinner:

Split pea soup, crackers.
Fried fish, tartar sauce.
Mashed potatoes.
Buttered peas.
Bread, butter.
Cherry pie.
Coffee, tea, or milk.

Supper:

Cream tomato soup, crackers.
Cheese sandwiches.
French spinach.
Olives.
Grapenut pudding.
Coffee, tea, or milk.

Regular diet menu, week of March 26 to April 1, 1945, Aspinwall, Pa.—Con.

MARCH 31, 1945

Breakfast:

Stewed prunes.
Whole wheat meal.
Fried eggs.
Toast.
Coffee, tea, or milk.

Dinner:

Julienne soup, crackers.
Beef loaf with tomato sauce.
Lyonnaise potatoes.
Buttered asparagus.
Bread, butter.
White cake with chocolate frosting.
Coffee, tea, or milk.

Supper:

Tuna-fish salad.
Baked potatoes.
Buttered carrots.
Bread, butter.
Fruit cup.
Coffee, tea, milk.

Submitted by:

Approved:

APRIL 1, 1945

Breakfast:

Half grapefruit.
Puffed wheat.
Soft-cooked eggs.
Toast.
Coffee, tea, milk.

Dinner:

Tomato bouillon, crackers.
Broiled steaks.
Browned sweet potatoes.
Buttered fresh kale.
Chef's salad, Russian dressing.
Bread, butter.
Vanilla ice cream.
Coffee, tea, milk.

Supper:

Sliced bologna.
Potatoes au gratin.
Beet salad.
Bread, butter.
Apple betty.
Coffee, tea, milk.

A. J. KACEROVSKY,
Chief Dietitian.

M. L. McCLUNG,
Lieutenant Colonel, Medical Corps,
Chief Medical Officer.

K. A. CARROLL,
Colonel, Medical Corps,
Manager.

Mr. CUNNINGHAM. I will give you the menu for the day I was there. Breakfast: Oranges, rolled oats, broiled bacon, toast and butter, coffee, tea, or milk.

The CHAIRMAN. That is breakfast?

Mr. CUNNINGHAM. Yes. For lunch: Vegetable soup and crackers, baked spareribs and sauerkraut. They were good. Mashed potatoes, buttered fresh cauliflower, bread and butter, Royal dessert with fruit sauce, coffee, tea, or milk.

For supper: Creamed beef on toast, buttered string beans, lettuce with mayonnaise, bread, butter, peach halves, coffee, tea, or milk.

I saw that evening meal being prepared, and it looked very appetizing.

(The complete menu referred to and submitted by the witness is as follows:)

Regular diet menu, week of April 2-8, 1945, Aspinwall, Pa.

APRIL 2, 1945

Breakfast:

Oranges.
Rolled oats.
Broiled bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Vegetable soup, crackers.
Baked spareribs, barbecue sauce.
Mashed potatoes.
Buttered fresh cauliflower.

APRIL 2, 1945—continued

Dinner—Continued

Bread, butter.
Royal Desert with fruit sauce.
Coffee, tea, milk.

Supper:

Creamed beef on toast.
Buttered string beans.
Lettuce with mayonnaise.
Bread, butter.
Peach halves.
Coffee, tea, milk.

Regular diet menu, week of March 26 to April 1, 1945, Aspinwall, Pa.—Con.

APRIL 3, 1945

Breakfast:

Apple sauce.
Corn flakes.
French toast.
Hot sirup, butter.
Coffee, tea, milk.

Dinner:

Tomato bouillon, crackers.
Beef stew with vegetables.
Orange, coleslaw salad.
Bread, butter.
Vanilla ice cream.
Coffee, tea, milk.

Supper:

Cold boiled ham.
Potato salad.
Buttered asparagus.
Bread, butter.
Fruit Jello.
Coffee, tea, milk.

APRIL 4, 1945

Breakfast:

Half grapefruit.
Whole-wheat meal.
Fried eggs.
Toast, butter.
Coffee, tea, milk.

Dinner:

Split pea soup, crackers.
Broiled liver.
Mashed potatoes.
Stewed onions.
Bread, butter.
Chocolate blanc mange.
Coffee, tea, milk.

Supper:

Hamburgers.
American fried potatoes.
Endive, French dressing.
Round rolls, butter.
Peach halves.
Coffee, tea, milk.

APRIL 5, 1945

Breakfast:

Tomato juice.
Bran flakes.
Broiled ham.
Toast, butter.
Coffee, tea, milk.

Dinner:

Vegetable soup, crackers.
Roast beef, gravy.
Buttered noodles.
Buttered fresh kale.
Bread, butter.
Frosted sponge cake.
Coffee, tea, milk.

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APRIL 5, 1945—continued

Supper:

Welsh rarebit on toast.
Mashed rutabagas.
Combination salad.
Bread, butter.
Royal Ann cherries.
Coffee, tea, milk.

APRIL 6, 1945

Breakfast:

Oranges.
Corn meal.
Soft cooked eggs.
Toast, butter.
Coffee, tea, milk.

Dinner:

Navy bean soup, crackers.
Broiled fish.
Mashed potatoes.
Stewed tomatoes.
Quartered lettuce, mayonnaise.
Bread, butter.
Lemon cracker pudding.
Coffee, tea, milk.

Supper:

Egg salad sandwiches.
Buttered carrots.
Sliced onions with French dressing.
Apple pie with cheese.
Coffee, tea, milk.

APRIL 7, 1945

Breakfast:

Kadota figs.
Puffed wheat.
Broiled bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Creole soup, crackers.
Corned beef.
Boiled potatoes.
Boiled cabbage.
Dill pickles.
Bread, butter.
Apricot betty.
Coffee, tea, milk.

Supper:

Frankfurters.
Baked macaroni.
Escarole with French dressing.
Long rolls, butter.
Sliced pineapple.
Coffee, tea, milk.

APRIL 8, 1945

Breakfast:

Half grapefruit.
Farina.
Scrambled eggs with minced ham.

Regular diet menu, week of March 26, to April 1, 1945, Aspinwall, Pa.—Con.

APRIL 8, 1945—continued

Breakfast—Continued

Toast, butter.
Coffee, tea, milk.

Dinner:

Julienne soup, crackers.
Breaded pork chops.
Mashed potatoes.
Buttered string beans.
Radishes.
Bread, butter.

Submitted by:

Approved:

APRIL 8, 1945—continued

Dinner—Continued

Grapenut ice cream.
Coffee, tea, milk.

Supper:

Sliced beef.
Escalloped potatoes.
Celery hearts and pickles.
Bread, butter.
Gingerbread with applesauce.
Coffee, tea, milk.

A. J. KACEROVSKY,
Chief Dietitian.

M. L. McCLUNG,
*Lieutenant Colonel, Medical Corps,
Chief Medical Officer.*
K. A. CARROLL,
*Colonel, Medical Corps,
Manager.*

The CHAIRMAN. How do those meals compare with the meals at the Senate and House dining rooms?

Mr. CUNNINGHAM. I would be glad to leave here and go up there and eat for awhile.

The CHAIRMAN. Is that where one of the writers said that the food was not fit to eat?

Mr. CUNNINGHAM. I do not think anyone testified that they had been to Aspinwall. I watched Mr. Maisel carefully, and I do not think he mentioned that hospital.

Mr. HUBER. To save time, Mr. Chairman, should I testify? I would testify substantially the same as Mr. Cunningham has.

Mr. CUNNINGHAM. I am not quite through yet.

The CHAIRMAN. It might save time. I do not want to shut you off. I want to give you all the time you want.

Mr. CUNNINGHAM. Maybe I had better finish, first.

I think at the last meeting before the recess there was a telegram that came to a member of this committee who turned it over to me. He knew I was going to this hospital. The telegram was from a veteran who lived in Pittsburgh. I can tell you the substance of it. He had been in the hospital. The telegram said that the treatment was terrible; that if he had not gotten out he would not be alive. I had that with me and wanted to check on it, but I said nothing about it all day. At 5:30 in the evening I went into the clinical director's office and introduced myself. He had not seen me up to that time. While I was there, there was a telephone call that came in, and I overheard his conversation. I recognized some name. He sent for a couple of his assistants and said, "Get ready for treating a fellow." who was coming in that night. When I said, "Are you letting him in again?" he said, "Oh, yes." He was asking to come back in, but his telegram said that if he had not gotten out he would not be alive. I verified it as the same fellow; at least, the same name.

Mr. RAMEY. That telegram was sent to me.

Mr. CUNNINGHAM. Yes; and you gave it to me.

MR. RAMEY. Do you know what was the matter with the fellow?

MR. CUNNINGHAM. No. When the telephone call came in he wanted to bring his own doctor in with him for a consultation that night. They were looking toward an operation, and they were permitting his own doctor to come with him. They were going to allow him to supervise the operation. If he ordered the operation, they were going to operate under his instructions. That is as I recall it.

MRS. ROGERS. Had you finished with that?

MR. CUNNINGHAM. Yes; but I had another matter.

MRS. ROGERS. Are there any consultants outside of the hospital?

MR. CUNNINGHAM. I did not learn of any except this one man that was permitted to come in.

MRS. ROGERS. There are no doctors that act in an advisory capacity?

MR. CUNNINGHAM. I do not know anything about that.

MRS. ROGERS. Are the men specialists in their various lines?

MR. CUNNINGHAM. There seemed to be a doctor for every kind of work they had. It is general medical and also tubercular. They were operating on a man in one section of the operating department when I was there.

MRS. ROGERS. Do they have more than one operating room?

MR. CUNNINGHAM. No. It is one operating room, but there are several sections to it. They can operate on several patients at the same time.

MRS. ROGERS. Do they have modern lighting?

MR. CUNNINGHAM. Oh, yes; beautiful; the finest kind of equipment. It seemed to me to be, anyhow.

MRS. ROGERS. You did not investigate the past medical record of any of them, did you?

MR. CUNNINGHAM. I would not know anything about it if I did. I am not a doctor.

Just by accident, I met a lady in Pittsburgh who had been a classmate of mine in college. She introduced me to her husband. This was after I had been to the hospital. He is a very prominent medical doctor in the city of Pittsburgh. I asked him what he knew about Aspinwall, and he gave a very good report. He said that as far as he had been able to observe, and he had been out there some, it was very good. I cannot tell you his name. I know his wife's maiden name.

MRS. ROGERS. Do they have enough doctors there?

MR. CUNNINGHAM. I do not know whether or not they have enough.

MRS. ROGERS. How many dietitians do they have?

MR. CUNNINGHAM. One dietitian and an assistant.

Since you bring that up, the dietitian was very much worried and disturbed. She was a very conscientious nurse, and she had a terrible problem with help. That is their worst problem. The worst trouble they have in the kitchen is getting help that will be clean. They are almost frantic.

MRS. ROGERS. They do not pay them enough there, do they?

MR. CUNNINGHAM. I do not know what they pay them. Of course, they pay them what we authorize them to be paid. I cannot criticize the officers of the hospital for that, because they do not have anything to say about it. They had trouble with help, and there was quite a turn-over. You can understand that in the city of Pittsburgh they might have a problem of that kind at this time.

Mrs. ROGERS. Are they under civil service?

Mr. CUNNINGHAM. You will have to ask General Hines about that. General HINES. Yes.

Mrs. ROGERS. The rate of pay is low in the Veterans' Administration, and that is why I am asking these questions.

Mr. CUNNINGHAM. The day after my trip to the Aspinwall Hospital I learned of a man in downtown Pittsburgh who had a complaint, and I visited with him for about a half hour.

His name is Paul J. Walker, of Pittsburgh, Pa., and his statement is as follows:

I was taken into the hospital, and it was 1 week before any attention was given me, except a general talk for about 15 minutes the day I entered. A tray was prescribed for me and I was assigned to a ward. I was then put through the clinic for 2 days, and physiotherapy was prescribed. I was there 5 weeks and 4 days before I got any physiotherapy. I received good treatment after they got started. I have a spinal trouble, and not much could be done. The treatments gave me relief. I was there 2 months and 11 days, and this was all I got the first 5 weeks except pain pills. I have no complaint about the food or the treatment of the doctors and nurses. I guess my experience is typical of Army routine.

I have, Mr. Chairman and members of the committee, some general recommendations, but I think I will go to the other hospitals before I come to the recommendations.

Mrs. ROGERS. Do they have their full quota of nurses?

Mr. CUNNINGHAM. I do not know what the quota is, but there was no complaint about the nurses.

Mrs. ROGERS. But you did ask the question?

Mr. CUNNINGHAM. I may have asked it, but I did not make a note of it at the time. As I say, there was no complaint about the nurses or the doctors or the personnel or the treatment.

I have given you everything I found from talking with about 50 men, except one thing. This hospital has a TB ward in it, or several TB wards. The patients felt that that was not the right climate for them. I inquired about that and found that the latest medical opinion is that rest, proper diet, quiet, and so forth, are the treatment for tuberculosis rather than sending patients to some other climate. However, the patients themselves get disturbed. They did not understand that that would give them help. Some of them felt that they would be better off if they were in some other climate. One said, "Look out the window there at the air." And, of course, it was smoky. Anyone who has been around Pittsburgh knows that it is pretty dusty and smoky and foggy. It was raining some that day.

I questioned a witness before the committee and suggested that it might be well, in the way of information given to these TB patients, so that they will understand that they are just as well off if they are in that climate as some place else.

I found, in connection with that, in all the hospitals I was in where there were TB patients, that they have more complaints, and I inquired about that. Some of them said, "I guess the disease we have makes us harder to satisfy." I got that general impression throughout the hospitals, that you are more apt to get complaints from tubercular patients than from any other class of patients.

Mrs. ROGERS. Is it not true that it is generally felt that where there is a great deal of smoke or dampness in the air it is bad for TB?

Mr. CUNNINGHAM. I do not know. I always thought so, but I understand that the latest medical advice is that it does not matter where you are if you get the proper treatment. The point is that if the patients do not understand that, it might have a bad effect on their own thinking and thereby endanger their health.

Mrs. ROGERS. Were they segregated sufficiently from the other patients?

Mr. CUNNINGHAM. Oh, yes. They were in separate wings, on the same floor. The patients had the run of the hospital.

Mrs. ROGERS. The TB cases?

Mr. CUNNINGHAM. No. The TB cases were in bed or reclining or sitting in chairs. I did not find any TB's out walking in the hall. I found they seemed to understand that if they wanted to take care of themselves they had better obey the nurse. That is why I mentioned the remark that the veterans themselves were running the hospital; that because of that there was too much noise after the time they were supposed to be in bed. I reported that to the colonel, and he said he would check into that right away.

The CHAIRMAN. Were you the only member of the committee that visited Aspinwall?

Mr. CUNNINGHAM. No. Mr. Huber did.

The CHAIRMAN. Is that about your experience, Mr. Huber?

Mr. HUBER. Yes; except that I did not speak to Mr. Collier.

Mr. CUNNINGHAM. I did not speak to him but the man who had the next bed.

Mr. HUBER. Except for that, that would be my testimony.

Mr. CUNNINGHAM. I brought with me a copy of the menu for the Easter meal. That was the day before I was there. I thought it might interest the committee. If you do not mind, I will read the menu. It is as follows:

Easter menu, April 1, 1945

	Tomato bouillon with crackers	
	Broiled steaks	
Browned sweet potatoes		Buttered fresh kale
	Chef's salad—Russian dressing	
	Bread, butter	
	Vanilla ice cream	
Coffee	Tea	Milk

The CHAIRMAN. Do the other members of the committee want to ask any questions?

Mr. CUNNINGHAM. I have six others here, Mr. Chairman, but this is the longest one. My other reports will be short.

I might at this point, before I leave Aspinwall Hospital, say that I stated that I talked with about 50 patients. I talked with many groups of veterans, some of whom did not enter into the conversation but were just listeners.

The next place I went was, on April 4, to the receiving center at Youngstown, Ohio, and found it in the process of expansion. Insofar as it was set up, it was in good shape. Much work was being done there on the loan title of the GI bill. Veterans who go through that center go to Brecksville Hospital or other nearby hospitals. The offices were orderly and in good shape, and the personnel was busy.

I said to the manager, "What arrangements do you have to take care of an emergency case that comes to your center?" His reply was: "We have doctors on duty here to give immediate examination; and if it is an emergency case, it is taken care of at once locally. Just last evening an emergency case came in, and in 35 minutes he was on the operating table in one of the local hospitals in Youngstown." I do not recall whether he said this was a service-connected disability or not; but, as I understand the rules, it would have to be that.

I was particularly anxious to see this center. I wanted to see how they treated emergency cases when they came in, because there had been some criticism of delay between the time they entered the receiving ward of the hospital and the time they received treatment. I found this specific case to answer my questions. I did not spend much time at Youngstown.

On April 5, the next day, I visited the General Medical Hospital at Brecksville, Ohio. General Marlin is the commanding officer. It is located about 20 miles south of Cleveland.

In this hospital I found the kitchen, bakery, food and vegetable lockers, meat lockers, garbage-disposal rooms, and every part of it having to do with food immaculate.

Mr. RAMEY. How far from Cleveland did you say it was?

Mr. CUNNINGHAM. I think it is 20 miles from the receiving center. It is a general medical hospital. It is a small hospital, some 300 patients—

The CHAIRMAN. Was there a tubercular ward there?

Mr. CUNNINGHAM. Not that I recall.

The CHAIRMAN. How many beds does it have?

Mr. CUNNINGHAM. I do not think I have that down, but it is around 300. It is much smaller than Aspinwall and comparatively new. It has not been built very many years.

Mr. RAMEY. I think it has 354 beds.

Mr. CUNNINGHAM. The dining room was exceptionally clean and cheerful, and one of the Gray Ladies was playing the piano all during the meal hour. There were Gray Ladies visiting throughout this hospital. The halls, wards, and operating room were also immaculate.

I visited many patients in company with General Marlin and other officers, and I also visited many alone. My first observation was the apparent pleasure that was evidenced by the patients when General Marlin went into see them. I talked with more than 50 patients in this hospital, and the only complaint I received was from one veteran who thought he should be on the floor above. I checked this later with the officers and found there is a very definite reason why he could not be on the floor above, and for humanitarian reasons he was not advised why.

The report from the patients in this hospital regarding the food was that it is good, of good quality, well prepared, and plenty of it. I ate the same food that was served the patients, and it was good.

In the meat-locker room in this hospital I noticed they had Swift's Premium ham and bacon, A-grade mutton and A-grade beef, and several weeks' supply on hand. And that was true in, I think, every hospital.

The CHAIRMAN. Did you bring the menu card from that hospital?

Mr. CUNNINGHAM. I asked for one and walked away and forgot to pick it up. I think it came in the other day since I came back, but I do not happen to have it over here.

The CHAIRMAN. You may submit it later, then.

Mr. CUNNINGHAM. All right. I have some other menus.

Following my tour through the hospital I met with representatives of the American Legion, the Veterans of Foreign Wars, the DAV and the Red Cross in an office provided by the hospital for the representatives of these organizations. At this meeting no one directly connected with the hospital was present. We were alone. I was there about an hour and a half, I guess. I found the following complaints:

The P-10 entrance application is not in proper form and there was some complaint of the attitude of the doctors and nurses in the entrance ward. That is what they call downstairs on the first floor, and it is where the veterans are first received. That complaint centered around one nurse that did not have the right attitude toward the veterans, and that was being checked and corrected through the cooperation of the veterans' organizations representatives and the commanding general of the hospital.

Second, that some of the doctors called the patients "jerks."

Third, that when patients are first received they are told by certain doctors that they are only there to get their pensions increased.

The CHAIRMAN. Did you get the names of those doctors?

Mr. CUNNINGHAM. I did not take their names. I can give them because I brought with me the names of the gentleman who gave me this information, in case we want it; but there was a little story back of that. I do not know that you want to give it in open session. I think it is something that I should give in closed session.

Fourth, that too many of the doctors have never had any service themselves.

Fifth, that the hospital would serve the patients better if it had a better staff of doctors.

Sixth, that tubercular patients should not be kept in that locality or climate.

There are tubercular patients there; I misinformed you.

Seventh, that the hospital, as stated above, is 20 miles south of Cleveland and the central office should be moved downtown at Cleveland, mainly because of transportation.

It is very difficult to get out there with gasoline rationing, and whenever patients have to be transferred out to the hospital there has been some complaint of transportation; and it is also difficult for relatives to get out to see them, because of the distance.

Eighth, that the civil service status caused some difficulty.

Ninth, that the treatment of the patients generally is fair to good.

Tenth, that the majority of the doctors are good.

Eleventh, that the surgery is excellent.

Twelfth, that the food is good; quality good, and plenty of it.

Thirteenth, that the rate of pay is not sufficient for competent help.

Fourteenth, that if the first contact with the Veterans' Administration by the patients was a pleasant one it would cause fewer complaints.

Fifteenth, that the patients should be treated and not just tolerated.

These are recommendations from the representatives of the four organizations that I have named.

The CHAIRMAN. Veterans' organizations?

Mr. CUNNINGHAM. All except one—the Red Cross representatives. These people all said that the hospital generally was good, but they felt that changes in the matters mentioned above would improve it. They were not all in accord with these suggested recommendations, but if one person made it I put it down.

General Marlin, the clinical director, and other high-ranking officers in this hospital were not in uniform, but those of lower rank were. None of the complaints give me by the representatives of the veterans' organizations were voiced by any of the more than 50 patients I personally interviewed. My own investigation discloses that the greatest problem at Brecksville is that of manpower or help, but it has been fairly well solved by the officials calling upon the people in the community for aid, with the result that on Fridays, Saturdays, and Sundays high-school students over the vicinity come in and assist, to the extent that 3 days out of each 7 they have plenty of help. It happened that I was there on Thursday, the last of the 4 days of each week when the help is short, and yet I found conditions as stated above.

The CHAIRMAN. I am going to ask you to get from the Veterans' Administration the names of the doctors at each one of these hospitals and add them to your statement.

Mr. CUNNINGHAM. I will be glad to do that.

Mr. McQUEEN. General Marlin is the head of that institution?

Mr. CUNNINGHAM. Yes. He is the one man who had a rank higher than that of colonel.

Mr. McQUEEN. Can you give me the name of the head of the Youngstown hospital?

Mr. CUNNINGHAM. No. He is a business executive, a young fellow. He is not in uniform.

In all of the hospitals I went into I made no attempt to get names unless they were volunteered. I told the patients in the beds and in the wheel chairs and those who were sitting around in the halls, "Here is your opportunity, if you have any complaint, to help yourself and your buddies. I will not ask your name. If you want to give it to me, all well and good, but I am not going to ask it." I told them who I was, and then I would sit down and visit with them.

I might say to the members of the committee that those boys like to have you call on them. They like to be visited with. I think a good bit of the dissatisfaction is just loneliness in these hospitals. Some patients, of course, have their relatives and friends who come frequently, but others have no one to call on them. They may be far from home or they may not have relatives who will bother with them, and they get lonesome and sick of the hospital for that reason. Yet I could not file that as a complaint against the hospital.

The CHAIRMAN. Was this the hospital where the lady accompanied you?

Mr. CUNNINGHAM. Yes. I omitted that, because I have given a complete statement in another place.

The CHAIRMAN. It is in your written statement?

Mr. CUNNINGHAM. Yes.

The CHAIRMAN. That will go into the record?

Mr. CUNNINGHAM. Yes.

Mr. RAMEY. I also visited this hospital, and I would like to concur with Mr. Cunningham. On that visit there I have maybe two or three things additional. At mealtime I asked to eat with the veterans. I was taken around to all the tables where the veterans were eating, and they said they had a custom that visitors eat in another room and pay for the meal, and that folks working for the Government could get a meal for 40 cents, or folks that visited with them. They charged us 50 cents for it. I found that the meal that the visitors received, or that we received, was the same meal that the veterans had. The veterans had an opportunity to ask for two or three portions. The meat was country ham, cut real thick, scalloped potatoes, salad, and peas. The veterans could ask for additional helpings.

I also had the same report that Mr. Cunningham has mentioned. The man with me was Henry L. Herman, who visited the officers' department in regard to some delays in checks. I went through at that time. During the visit with the doctors—did you visit with Dr. O'Neill?

Mr. CUNNINGHAM. Is he the clinical director?

Mr. RAMEY. He has just been transferred—a new man from Minneapolis.

Mr. CUNNINGHAM. No, I did not visit with him.

The CHAIRMAN. Do you not think we had better finish with Mr. Cunningham?

Mr. RAMEY. I apologize for butting in.

The CHAIRMAN. The matter that you are raising now Mr. Cunningham is not aware of. Of course, I want to hear your full statement before the committee, but let us permit Mr. Cunningham to complete his statement now.

Mr. RAMEY. Certainly.

Mr. CUNNINGHAM. I want to make this observation about Brecksville. I found that the patients seemed happy in that hospital. In spite of those complaints and recommendations I found a happier attitude and a friendlier expression on the faces of the patients. They seemed to feel that it was their home and enjoyed it as such. They had no complaint against the personnel or anyone except down in the receiving room, and that narrowed down to one nurse that did not seem to know how to handle incoming patients.

The CHAIRMAN. You are a past commander of the American Legion in your State, are you not?

Mr. CUNNINGHAM. No. I am a charter member and have done a lot of work for the Legion. I have been in it since 1919.

The CHAIRMAN. You have visited other hospitals before, have you not?

Mr. CUNNINGHAM. Yes, briefly.

The CHAIRMAN. From the conditions you found here, how do they compare?

Mr. CUNNINGHAM. The only hospitals I ever visited before were in my own district. They were always good. I have those on the list, too. I will come to them.

On Saturday, April 7, I visited the NP hospital at Marion, Ind. I found the kitchen, meat lockers, fruit and vegetable lockers, garbage-disposal room, bakery, operating room, immaculate. The halls and the wards were clean.

The CHAIRMAN. That is a mental hospital?

Mr. CUNNINGHAM. Yes, and a large one, around 1,700 to 1,800. Am I right, General Hines?

General HINES. I think that is about right.

The CHAIRMAN. Was it crowded?

Mr. CUNNINGHAM. No; they had room for some more. The food was good, well prepared, and plenty of it. I did not eat at this hospital. I was not invited, I guess.

Mrs. ROGERS. This is an NP hospital?

Mr. CUNNINGHAM. Yes.

The CHAIRMAN. Did you bring the menu with you?

Mr. CUNNINGHAM. Colonel Botts sent it to me afterward.

The CHAIRMAN. Will you send it in for the record?

Mr. CUNNINGHAM. Yes. One entire building is devoted to occupational work, such as carpet weaving, painting, printing, basket weaving, woodwork, such as the making of chairs, benches, tatting, needlepoint, and many other things, also the making of poppies for which the veterans receive a certain amount of pay. They seemed to be happy working on that.

This was originally a Grand Army home and it was made into a veterans' hospital. The old building which was used for veterans of the War Between the States was made over into recreation rooms, and so forth.

I went around and talked to boy after boy. Some of them were just sandpapering a block of wood until they would wear it out, but it kept them busy. Their condition was such that, except under direct supervision, they could not make anything. They all seemed happy. One fellow was from Arkansas. Another boy said he was there because he was married to a number of wives and they were all living and he had not been divorced from any of them.

I was particularly impressed with this hospital, and yet it was one of those hospitals where, in talking to the patients, being an NP hospital, it was difficult to get any information. I talked to a number of the patients. They would start out coherently for a few sentences, and then they would be away off, wandering. It seemed impossible to get anywhere. But none of them had any complaint against the hospital.

In this particular rehabilitation work I talked with many of them alone, although some of the officers were in the same room at the same time. But I went through other portions of the hospital when no one was with me, and particularly where the food was served, and visited the lockers, and so forth. I went there alone and up into the wards, and from time to time I would come to a door that was closed, with a Yale lock on it. I would say, "What is in there?" and they immediately opened it, and I would find maybe 8 or 10 or 12 patients in there who had to be kept isolated from the others. I noticed that there was a nurse in charge of every one, locked in there with them, and they seemed to be getting along all right.

Mrs. ROGERS. One nurse for every room with 12 patients?

Mr. CUNNINGHAM. There were not more than 12, as I counted them in there. The attendant was a graduate nurse in uniform.

Mrs. ROGERS. Did you ask whether they had an adequate number of nurses?

MR. CUNNINGHAM. In all these hospitals they could use more doctors and more nurses. I did not find any that claimed they had enough, and yet I did not find any particular suffering on the part of the patients because of the lack of nurses.

Mrs. ROGERS. Did you ask the doctors?

MR. CUNNINGHAM. Oh, yes. They all complained of the manpower and help shortage. That is the people that do the cleaning up. That is the real problem. That is the real problem at Aspinwall. They come and work a day or two and will be gone. It is really a problem.

The CHAIRMAN. Did you see any evidence or hear any complaint of mistreatment of veterans at the hospital?

MR. CUNNINGHAM. No, sir. I talked with a lady who represents one of the veterans' organizations, who says she has been attending the hospital almost daily for years. I visited with her at length. She had read some of these articles, and particularly read the ones that referred to handcuffs. She said, "I know that particular case, and it is kindness to have them on. That boy would have scratched his eyes out without them."

That came voluntarily. I did not solicit that. I just accidentally ran on to it. That is the one, as I understand it, where the boy's name was used by Mr. Maisel in his second article which had just come out a day or two before I got there. This lady, who was a representative of the Ladies Auxiliary of the American Legion, was quite indignant about it.

The CHAIRMAN. She said they were put on him to keep him from scratching his eyes out?

MR. CUNNINGHAM. Yes.

The CHAIRMAN. Because of his mental condition?

MR. CUNNINGHAM. She did not say. She said it was a kindness to him.

The CHAIRMAN. He was a mental patient?

MR. CUNNINGHAM. Yes.

Mrs. ROGERS. Did they have many World War I cases?

MR. CUNNINGHAM. Not less than 30 percent nor more than 37 percent of the patients are from World War II. The rest are World War I, in all the hospitals I visited.

Mrs. ROGERS. Did you find that a good many go in only for a short time and get over their nervousness and go out?

MR. CUNNINGHAM. The long-time patients of course are from World War I, and most complaints are from World War I patients. I attribute that to this. I am a World War veteran and I am crankier and harder to get along with than a younger person. So are all of us when we get older. I do not find any real complaints at all from World War II boys.

At Marion, Ind., I was particularly interested that a number of patients had the run of the grounds, where they were playing and walking around. Some of them were working. They are allowed to work. When we came from the rehabilitation center I saw 20 or 25, probably 20, in a group, with an attendant, walking along the sidewalk, and coming down the road, each one with a lawn mower, going out to do some moving. I never saw such a happy crowd of fellows in my life. I stopped and visited with them. They were in blue

denim and seemed to be enjoying themselves. I said, "Do these fellows have to work?" And I was told, "Oh, no; they can do it if they want to. It is good for them. When we get them out to mow they go around in a circle and the rest just follow." He said, "I saw one the other day with his lawn mower upside down and I asked him what was the matter, and he said, 'Oh, hell, it runs easier that way.'" He wasn't so dumb.

I saw a dog come into the grounds and a patient was playing with the dog. I said, "How do the patients get along with the dogs here?" He says, "They just love dogs. That has been one of our troubles. We could have this place filled with dogs all the time, and we did for a while; but you are apt to run into a vicious one or one that has something the matter with him, and a patient gets injured, and then we are blamed. So, much as I regret it, we have had to issue an order that no dogs will be allowed in here. But they still get in, and if they are harmless we don't try to run them out too fast."

I give that to show you the general atmosphere at that hospital. It is because it is an NP hospital.

I stopped and visited at oil stations in the town. I talked with some businessmen, some representatives of the veterans' organizations, only one or two there, and people on the outside, and I asked them, "What about this hospital over here? Is it good or bad? What kind of a place is it?" I got very good reports from everyone on the outside in this little town of Marion with whom I talked.

I talked to some boys at an oil station. One was a veteran of World War I and there was one veteran of World War II. It is a station not so far from the hospital, and they seemed to know lots of people and they gave a very good report of the hospital. They seemed to be proud of it in their town.

Next I visited the NP hospital at Knoxville, Iowa, and found it much the same as the one at Marion, Ind. It is about the same size as the one at Marion.

Mr. McQUEEN. What date was that?

Mr. CUNNINGHAM. The next Monday, I believe it was; that would be the 9th of April. In Knoxville I know many of the people. That is where my wife's folks live. I talked with the wife of the presiding judge of the county who works with the Legion Auxiliary, visits the hospital several times a week and has for years. I went into detail in my conversation with her, to find out, because I knew she was a reliable person. Her report was good.

I found there the same condition in regard to the food, the dining room, the bakery—everything was clean and immaculate; immaculate in those places that should be immaculate, and clean to immaculate in the other places. I found the food good and plentiful. There were no complaints from the patients about the food.

Then I talked with a number of the veterans' representatives whom I personally know. One of them had been appointed at different times as guardian for patients out there, to look after their money, and he went into the hospital several times a week. He said, "I don't see how you can find any fault with this hospital." The hospital at Knoxville, Iowa, is very much the same as the one at Marion, Ind.

Mrs. ROGERS. Do they have many disturbed persons there?

Mr. CUNNINGHAM. About the same as at Marion, Ind.

Mrs. ROGERS. Do they have many continuous bars?

Mr. CUNNINGHAM. I do not know how continuous they are.

Mrs. ROGERS. Did you see many patients in those continuous bars?

Mr. CUNNINGHAM. Yes; I saw several.

There are several wings being added to the hospital at Knoxville. I do not know whether they are ready for occupancy or not. They are enlarging it. I found the same condition there as to the patients being out in the yard and enjoying themselves. Of course, at the time I was there it was not quite warm enough to get out too much.

Mrs. ROGERS. Did you find many confined to bed in post-operative cases?

Mr. CUNNINGHAM. As I recall, two or three.

Mrs. ROGERS. Do they have plenty of operating rooms there and surgeons?

Mr. CUNNINGHAM. Yes. I personally know Dr. Saulsbury. I have known him for years, and he is well regarded in the town, and I think he is doing a good job there.

The CHAIRMAN. Did you bring a menu card with you?

Mr. CUNNINGHAM. Not for Knoxville, but I have it for other hospitals.

The CHAIRMAN. Did you eat a meal with them?

Mr. CUNNINGHAM. I did not eat a meal at Knoxville; no.

The CHAIRMAN. Did you look over the menu?

Mr. CUNNINGHAM. Yes.

The CHAIRMAN. How did it compare with that of the other hospitals?

Mr. CUNNINGHAM. Just about the same. In every one, as I stated a while ago, there was first grade meat all the way up and down the line. Then I went into the storage lockers where they had the food and canned goods and flour, and they were all clean and in neat order, and No. 1 stuff. I did not find any second-grade food in any of those hospitals. One dietitian said to me that there are times when they have to have second-grade beef when they cannot get No. 1, but that is not very often. I have forgotten which hospital that was. She said that it was a very rare occasion.

Mrs. ROGERS. Are they buying from the Army commissary?

Mr. CUNNINGHAM. Yes.

The CHAIRMAN. I saw more bacon in one veterans' hospital I visited than I have seen elsewhere in the last 12 months.

Mr. CUNNINGHAM. I have a notation here of 1,700 patients at Knoxville.

On Wednesday, April 11, I visited the general medical hospital at Lincoln, Nebr. This hospital is situated in a beautiful location, on high ground, about 7 miles from the center of Lincoln. There were 214 patients, with 82 vacancies. The manager said they could take care of 186 more and not be overcrowded.

The CHAIRMAN. It was about three-quarters full, then?

Mr. CUNNINGHAM. Yes. The kitchen, meat, fruit and vegetable lockers and garbage-disposal room are all immaculate, as well as the bakery and operating rooms. I went into the garage. They have a fire department there, and I had them even lift the hoods of the trucks, and found them clean. Everything is shipshape about the Lincoln Hospital.

I found the patients in this hospital exceptionally enthusiastic about the hospital treatment by the attendants, doctors and nurses. However, I did find several of the patients who did not want to stay in the hospital, but it is to be noted that most of the patients in this hospital come from farming communities, excepting those from Omaha, and they are accustomed to outdoor life and mentally do not take to confinement made necessary by hospitalization.

Among the some 50 patients with whom I talked in this hospital I found three complaints: (1) One patient wanted to be home, but his wife was with him at the time and she said it was essential that he remain in the hospital; (2) another complained of the treatment accorded him by one of the nurses the first night he was in the hospital; (3) the third had many complaints and everything seemed to be wrong insofar as he was concerned. In the same ward with him there were 8 or 9 other patients. He said, in their hearing, that they all could tell me plenty if they wanted to. I asked him to talk and tell me every complaint he had, and he did talk for about 20 minutes without giving any specific complaint. He seemed to feel he could get better treatment if he were in another hospital. He had been there about 10 days. When I left this ward three of the patients, who had been listening and saying nothing, walked out in the hall, and the remark of one of them, to which both of the others assented, was, "It takes all kinds of patients to make a hospital. We are treated fine here and there is no ground for complaint. Do not pay any attention to what he told you." The other patients in this ward seemed afraid to express themselves in the presence of this one patient who had made the complaints.

This patient to whom I have referred told me that he had paid benefits for years to his railroad and that he had rights in a railroad hospital, and he told me what treatment he could get in that hospital. I stayed until I could not stay any longer, and did not have anything so I made the statement that I would have to leave, and I watched three or four of those fellows who were in there listening and who would not say anything when he called on them. They went out ahead of me and waited for me in the corridor and their spokesman made the statement that I have just told you. That was voluntary and came from the other patients who had been with him, and they would not speak in his presence. They waited until they could see me outside. There was no officer or doctor of the hospital with me.

Mr. SCRIVNER. Did he explain why he was not in a railroad hospital?

Mr. CUNNINGHAM. No; I should have asked him, but I did not. He was in bed. I did not want to cross-examine him. Furthermore, I endeavored not to talk much to men in beds if it appeared that their condition was such that they should not be talked to. I talked to men who were walking around the halls or who were in wheel chairs or who were reclining on beds, or if it appeared that it would not injure their health or excite them to talk to them.

I found three patients in this hospital who had been in other hospitals, and two of them at the Mayo Clinic, and all of them said they received better treatment at the veterans' hospital than any place they had been.

This hospital is exceptionally clean, with no smoke at all, as natural gas is used for fuel.

The Legion and Veterans of Foreign Wars representatives said the hospital was O. K. and they had no complaints. The patients in this hospital are all general medical patients, and there are no tubercular patients.

One patient said that Congress should be investigated and not the hospital.

The manager, E. R. Benka, is not a doctor, and he had more complaints than all of the patients put together. His statement is as follows:

I have some difficulty with the arrogant attitude of some of the doctors. These are mostly farm boys and some of my doctors will say, "Well, what is the matter with you?" and treat the patients with the arrogant attitude of their own importance.

He said that naturally the farm boys do not want to stay in any hospital. He also said that the uniforms of the doctors caused resentment by the patients, particularly those officers who have had no service. The manager was not in uniform. He also said he could have more efficiency and a better hospital were it not for civil-service rights.

All in all, this was as good a hospital as I visited.

Following the article in the Cosmopolitan magazine, a summary of it was carried in the Omaha World-Herald. Later, a reporter for the World-Herald spent a day going through the hospital, with the result that he wrote an article stating he found things in excellent shape and refuting all that had been said previously. I have with me a copy of this article from the World-Herald for the information of the committee.

The CHAIRMAN. Will you insert it in the record at this point?

Mr. CUNNINGHAM. Yes. The heading of it is "Nebraska Vet's Hospital Believed One of Best." I will not take the time of the committee to read it, unless you want me to read it.

Mr. KEARNEY. Read it.

Mr. CUNNINGHAM. It is as follows [reading]:

[From World-Herald, April 1, 1945]

NEBRASKA VETS' HOSPITAL BELIEVED ONE OF BEST

If conditions at some United States veterans' hospitals are as bad as some writers and officials say, the institution here is a marked exception.

To the eye of a layman this hospital appears in a better situation than most other hospitals in the State, public or private.

It is not crowded. It has sufficient doctors and nurses. It is clean and apparently well-equipped. The food appears good.

Whether technical medical care is the best possible is, of course, a question a layman cannot answer.

The opinion that conditions at the hospital are not "disgraceful"—as they are said to be at some such institutions—is the result of an inspection of the place. That opinion seems confirmed by representatives of Nebraska veterans' organizations.

NATION-WIDE PROBE ON

As a result of the national furor about veterans' affairs, the American Legion, Veterans of Foreign Wars, and Disabled American Veterans are making a Nation-wide investigation of veterans' hospitals and other Veterans' Administration work. This is being done at the invitation of Frank T. Hines, Administrator of Veterans' Affairs.

One organization has completed its study of the Lincoln Hospital. While the report is not yet ready, officials say they found the hospital in as good

condition as any in this section of the country. They are expected to recommend some new equipment, more personnel, some minor changes.

The service officer of another veterans' organization, who spends much of his time at the hospital, said he knows of no serious reason for complaint about the institution.

HELP TO BE AMPLE

There are 226 patients, about one-third World War II, 5 percent Spanish War, 1 Civil War, and the rest World War I. Capacity is 280, but in an emergency 380 could be accommodated. There are 15 doctors, mostly commissioned officers, and 32 graduate nurses. The complete staff of 320 handles not only the hospital but does other Veterans' Administration work in connection with such things as pensions, insurance, rehabilitation, loans.

There has been some shortage of attendants and other lay personnel. But a contingent of limited-service troops is expected soon to supplement that section of the staff.

E. R. Benke, Nebraska Veterans' Administration manager, expects the number of patients to increase soon—possible to capacity.

Those figures slightly vary from what were given me, but they are practically the same. That article was written on April 1, the day before I was at the Aspinwall hospital.

The CHAIRMAN. If I remember correctly, they have quite a large lot of ground around that hospital.

Mr. CUNNINGHAM. A beautiful location, up on high ground. The air is fine. Everything is clean and wonderful around there.

The CHAIRMAN. I thought it was one of the most beautiful hospitals that I visited.

Mr. CUNNINGHAM. I was much interested in the taxi driver who took me out. Mr. Benke brought me back. No one knew at any of these hospitals that I was coming until I got there. I did not let anyone know in advance. I talked with the taxi driver and asked if he went out there much, and he said, yes, he did; and I asked him what he knew about it. His statement corresponds to the statement in the newspaper article.

Mrs. ROGERS. Is that a combined facility?

Mr. CUNNINGHAM. No; it is a general medical hospital.

Mrs. ROGERS. They have regular cases there?

Mr. CUNNINGHAM. Yes. I talked with members of the veterans' organizations.

Mrs. ROGERS. There is a layman in charge of the hospital, as business manager?

Mr. CUNNINGHAM. He is a business manager.

Mr. McQUEEN. Can you give us the name of the manager at Knoxville, Iowa?

Mr. CUNNINGHAM. F. M. Saulsbury.

On April 13 I visited the general medical hospital at Des Moines, Iowa, and found it in very good shape. The patients were cheerful and expressed themselves as well satisfied with the treatment they received from the attendants, nurses, and doctors. The kitchen, dining room, food storage rooms, lockers, and so forth, were immaculate. The halls and wards were clean, as well as the bakery and the operating room.

I was there when they were preparing the evening meal, and although I did not eat in that hospital it looked to me the best in the way of preparation of any of the hospitals. Yet they were all good. I was impressed with one thing. They wanted me to stay in the same

quarters with the officer of the day and spend the night there, so I could go around myself and see what went on at night. But that was the day that President Roosevelt died, and I felt that I had better be back in Washington. But I was impressed by the invitation.

A number of the patients, as well as the personnel of this hospital, are people that I have known for many years. I talked with them at length and found that there were no complaints whatever.

I want to put that in, because this is my own town, and I may be prejudiced in favor of a hospital in my own town.

I also went to the headquarters of the Veterans' organization. One night every week a group of them goes through the hospital. It has been their custom for years. I talked with 15 or 20 of those men who have been doing that. Their reports were all good. There were no complaints.

I talked to one boy from the eastern part of Iowa. He was not from my district. His wife was sitting there with him. He is a veteran of World War II. Their report about the hospital was good.

Out in the hall I ran on to a Spanish-American War veteran and also a colonel in the last war, who served overseas in the Rainbow Division. A former member of the board of supervisors and county treasurer in our town. He is a member of the board of supervisors which had to check particularly the local hospitals and the county hospital, and so forth. I saw he was a patient there. I know him very well. I said, "Here is a man that will tell me just exactly what the situation is." I caught him alone. He was in a wheel chair, and I talked with him." He said, "I can find no complaint against this hospital."

The CHAIRMAN. Did you say that this is a general medical institution?

Mr. CUNNINGHAM. Yes.

The CHAIRMAN. How many beds?

Mr. CUNNINGHAM. Between 300 and 400, I believe.

The CHAIRMAN. Were they crowded?

Mr. CUNNINGHAM. No; they have room for some more there right now. It is a beautiful location, a wooded area. I remember when that hospital was built. It has nice surroundings.

I talked to a boy who ran the elevator there, who has been working there for years; in fact, he used to be a client of mine. He was very enthusiastic about the hospital. I know many people, of course, who have been in and out of this hospital. It is some 4 or 5 miles from the center of town.

When I left I called for a taxi. I talked to the driver. I said, "Do you come to this hospital often?" He said, "Yes, once a day and sometimes several times a day." I said, "Do you carry patients or others?" He said, "Mostly patients." I said, "Tell me what you know about this hospital." He replied, "I tell you that simply. For 1 person I haul away from here complaining. I haul 10 away who are boosting the hospital. I guess you get all kinds of patients in any hospital, and you can't please everyone."

Then he made the statement that he thought it was a very good hospital. That was his opinion.

The CHAIRMAN. There are only two of these hospitals in Iowa?

Mr. CUNNINGHAM. Yes; and they are both in my district.

The CHAIRMAN. And you visited both of them?

Mr. CUNNINGHAM. Yes. Every time I go home I go into them.

The CHAIRMAN. You only visited one in Nebraska?

Mr. CUNNINGHAM. Yes. I spent a full day there.

Since I came back I have received two letters, unsolicited, from veterans in the Des Moines hospital. One of these men is an M. D., and a good one. I have known him for many years. His home is in Pleasantville, Iowa. His name is Dr. E. A. Bayer (?). I will submit that letter to the committee. It has something personal in it, but I am willing to waive that because he gives such a splendid report of his treatment in that hospital, and he himself is a doctor.

The other letter came just a day or two ago and is a stronger letter than that from the doctor, but I am not personally acquainted with the writer.

Also since I came back I received, through another Congressman from Iowa, a letter in two parts from a veteran of World War I, from southeastern Iowa, who had been in the hospital. In the first half of the letter he commended it in every way, the treatment by the doctors and the nurses, and so forth, and then in the second part of the letter he complains about the treatment at night; that some patients were permitted to open windows contrary to the wish of other patients, and that they caught cold. Some of the treatment by one or two of the attendants at night was not what he thought it ought to be. So, as I say, his letter is in two parts, good and bad. I made a complete copy of the letter, leaving off the name, and sent it to Colonel Nugent, the commanding officer out there, and asked for a report. I have received that report. They held a hearing and investigated it, and this fellow left without medical advice or left a. w. o. l. I can get a copy of that report for the committee and let it speak for itself.

That is all I have heard directly from anyone in the hospital—those two letters completely commending it, and one letter commending it and condemning one portion of it; and there has been an investigation made since at my request.

Mrs. ROGERS. Does that hospital have outside consultants?

Mr. CUNNINGHAM. The medical staff at this hospital seems to get along quite well with the doctors in the city.

Mrs. ROGERS. Do they go out on a contract basis, or do they give their time?

Mr. CUNNINGHAM. As far as I know, they give their time.

Mrs. ROGERS. Do they operate?

Mr. CUNNINGHAM. I do not know as to that, Mrs. Rogers. I could find out for you.

Mrs. ROGERS. I think it would be interesting in our whole picture.

Mr. CUNNINGHAM. Probably someone in the Veterans' Administration could answer that better than I could. I did not assume that I was a doctor and I did not try to inspect for medical skill or knowledge, as I know nothing about it. I tried to give my report on the general impression I got from the attitude of the patients. And by the way: In the Des Moines hospital there is a most excellent dietitian, and the dining room is equal to, if not better than, the one at Brecksville, Ohio. It was just beautiful. It was a delight to be in there.

Then I talked with several nurses and women who were visiting the hospital frequently, whom I have known for a long period of years

in Des Moines and I got their reports on it and they were all good. Of course I am a little proud of that hospital, because it is in my town.

The CHAIRMAN. I think we had better take a recess now until 2 o'clock this afternoon.

Mr. CUNNINGHAM. I am all through, Mr. Chairman, except for my summary and my general recommendations.

The CHAIRMAN. All right. Let us hear your summary and recommendations.

Mr. CUNNINGHAM. As a general summary for all the hospitals, I found—

1. The hospitals generally, including wards, halls, bakeries, operating rooms, kitchens, food-storage rooms, and dining rooms, all clean and some immaculate;

2. The food in all of them good; plenty of it and as well-prepared as could be expected where food is prepared in large quantities;

3. A shortage of manpower in every hospital;

4. On the whole, the patients happy and well-satisfied;

5. A general complaint of arrogance against certain doctors and a very few of the nurses; no complaint against any attendant or employee other than the doctor and nurse personnel;

6. The dietitians in all the hospitals seemed efficient and they were on the job. I brought back with me copies of menus for different weeks from some of the hospitals for the information of the committee;

7. There were from 30 to 37 percent of the patients in the hospitals from World War II; the others were from World War I; a few Spanish-American War veterans; and I found one Civil War veteran, 96 years of age, who was at the Lincoln, Nebr., hospital and the most enthusiastic booster of the hospital I found of all the patients;

8. I found no complaints from any veteran of World War II, and as two of them put it, "I tell you, Mister, if you obey the rules, you are treated swell."

9. There was general complaint against the doctors wearing uniforms. The patients do not like rank in hospitals. There was some complaint quite generally against certain classes of doctors.

10. A general complaint was that the receiving center in all of them should be separate from the hospital: and that the personnel work, dealing with pensions, claims, etc., should be at a separate place. This is particularly true with hospitals located some distance from the center of the city, such as the one at Brecksville, Ohio. Many of the patients are in need of better and more medical attention before they get to the hospital, and particularly is this true with the shorage of transportation.

GENERAL RECOMMENDATIONS FOR IMPROVEMENTS

1. Separate the receiving, or induction, centers from the hospitals proper, including the legal and administration work;

2. Take the uniforms off the doctors;

3. Put a general manager in charge of each hospital who is not a doctor;

4. Increase the pay of doctors according to ability and not according to promotion in rank;

5. Amend the civil service so the manager can discharge an unsatisfactory employee without having the burden placed upon him to file and prove charges;

6. Increase the pay of doctors so it will be attractive to doctors of higher skill;

7. Increase the number of doctors and nurses just as soon as practicable;

8. Get more doctors experienced in the handling of mental cases;

9. Set up a training or instructive board to impress upon doctors, nurses, and personnel the importance of treating the patients as veterans, to the end that the patient will always feel the hospital is his home; that he has a perfect right to be there; and that he is not imposing upon anyone or seeking anything to which he is not entitled.

10. Resurvey the entire group of hospitals as to location for the treatment of tubercular patients. In this recommendation I recognize it is the latest medical opinion that rest and quiet, rather than climate, is the proper treatment for tuberculosis. However, patients themselves do not believe that and practically all of them feel if they were in a different climate they would improve more rapidly. At least something should be done to correct this impression in the minds of the patients, as that in itself would be an improvement. Patients who can see smoke, smudge, and fog in the air almost daily believe it is detrimental to their recovery, whether it is or not.

11. Patients who are under observation should be advised repeatedly that they are under observation and not be left to wonder why they are receiving a particular kind of treatment or receiving no particular treatment. For example: One patient was greatly disturbed because he had been in the hospital 15 days and all they had done for him was to give him 13 pills. An investigation disclosed that the medical authorities felt there was nothing wrong with this patient and they were only keeping him for a time to make sure. The pills were given simply to satisfy him, yet he was one of the most critical complainers I encountered on my entire trip.

It was my intention to visit the hospitals at Indianapolis, Ind., and Dayton, Ohio, but the death of President Roosevelt cut short my time and I did not get to visit them on my trip. Since my return to Washington I have received a number of complaints regarding these two particular hospitals and I believe the committee should send someone to investigate each of them.

GENERAL REPORT

At one hospital I encountered a lady of the Ladies' Auxiliary of the Legion, who said that she had been in that particular hospital almost every day since it was built. Her duty is to contact the patients and see how they are treated. She had just read the second article in the *Cosmopolitan* magazine, which refers to the mental patient who was handcuffed. She said: "I know that patient and all about it, and that was a kindness to him. He would have scratched out his eyes and otherwise injured himself had the cuffs not been put on him."

I found universal resentment among the patients toward the article in the *Cosmopolitan* magazine. They had all read it, or heard about it, and said it was unfair and unjust, and some of them said it was "down-right dirty."

In my report on the Aspinwall Hospital, which was written before I had visited other hospitals, I said there was complaint about the food being cold and suggested a remedy. However, at the other hospitals I found this has been corrected by electrical plug-in and plug-out food carts in which the food is placed when it leaves the main kitchen, and when it gets to the ward floor it is again plugged in and the food kept hot until the tray is removed from the cart. There were only a few instances in other hospitals where I found the food had begun to get cold by the time it reached the patient, and these patients were in the wards the farthest distance from the food cart.

At all the hospitals I talked with the patients alone and was permitted to go wherever I wished alone. I only had an official with me when I requested it. No one knew in advance that I was coming as I did not know myself for certain when I left Washington what hospitals I would visit. I had gone through the kitchen in one hospital before anyone knew I was there; in fact, the assistant dietitian tried to have me thrown out before she knew who I was.

MR. McQUEEN. Give me the name of the manager at the Des Moines hospital, please.

MR. CUNNINGHAM. Colonel F. Nugent.

THE CHAIRMAN. Will you insert the names of the doctors of those hospitals?

MR. CUNNINGHAM. I will have to get them from the Veterans' Administration.

THE CHAIRMAN. In each hospital, I mean.

MR. CUNNINGHAM. Yes, sir. I have a copy of the menu of the Lincoln Hospital.

THE CHAIRMAN. You may insert it in the record at this point.

(The menu referred to and submitted by the witness is as follows:)

Regular diet menu, week of October 30 to November 5, 1944, Lincoln, Nebr.

OCTOBER 30, 1944

Breakfast:

Stewed prunes.
Rolled oats.
Bacon.
Toast, butter.

Dinner:

Oven-prepared liver.
Creamed potatoes.
French-fried onions.
Orange, grapefruit, and date salad.
Caramel rice custard.

Supper:

Soup, crackers.
Spaghetti and meat balls.
String beans.
Carrot and cabbage slaw.
Iced sponge cake.

OCTOBER 31, 1944

Breakfast:

Grapefruit.
Soft-boiled eggs.
Grape-nuts flakes.
Toast, butter.

OCTOBER 31, 1944—continued

Dinner:

Grilled ham, cream gravy.
Mashed potatoes.
Baked acorn squash.
Piquant salad.
Apricot custard ice cream.

Supper:

Soup, Crax.
Baked beans.
Shoestring potatoes.
Pear and cottage cheese salad.
Icebox cookies.

NOVEMBER 1, 1945

Breakfast:

Fresh grapes.
Cornflakes.
Fried mush, sirup.
Toast, butter.

Dinner:

Lamb chops.
Escaloped potatoes.
Buttered peas.
Pickled beets.
Sliced pineapple.

Regular diet menu, week of October 30 to November 5, 1944, Lincoln, Nebr.—Con.

NOVEMBER 1, 1945—continued

Supper:

Soup, crackers.
Escaloped ham and potatoes.
Boiled cabbage.
Fruit salad.
Cherry pin wheels.

NOVEMBER 2, 1945

Breakfast:

Canned plums.
Wheatena.
Soft-boiled eggs.
Toast, butter.

Dinner:

Broiled steaks, natural gravy.
Parslied potatoes.
Diced rutabagas.
Combination salad.
Dried-apricot pie.
Bread, butter.

Supper:

Soup, crackers.
Lamb stew.
Steamed rice.
Lettuce salad.
Hot biscuits, butter.
Peaches.

NOVEMBER 3, 1945

Breakfast:

Oranges.
Puffed wheat.
Fried eggs.
Toast, butter.

Dinner:

Salmon loaf.
Creamed potatoes and peas.
Fresh fruit salad.
Bread and butter.
Baked custard.

Supper:

Soup, crackers.
Baked macaroni with cheese.
Black-eyed peas.
Waldorf salad.
Ginger cake.

NOVEMBER 4, 1945

Breakfast:

Bananas.
Bran flakes.
Pancakes.
Bacon (2 strips).
Syrup, toast, butter.

Dinner:

Stewed chicken with noodles.
Cauliflower.
Sweet pickles.
Royal dessert.
Hard sauce.

Supper:

Chili con carne, Crax.
Hash-browned potatoes.
Stewed tomatoes.
Lettuce salad.
Bread, butter.
Apricots.

NOVEMBER 5, 1945

Breakfast:

Sweetened red cherries.
Wheat cereal.
Sausages.
Toast, butter.

Dinner:

Roast pork, gravy.
Paprika browned potatoes.
Fresh greens.
Apple and celery salad.
Ice box cake.
Hot rolls, butter.

Supper:

Soup, crackers.
Cold cuts and cheese.
Potatoes au gratin.
Sliced tomatoes.
Pineapple sherbet.

Regular diet menu, week of April 9–15, 1945, Lincoln, Nebr.

APRIL 9, 1945

Breakfast:

Oranges.
Malted cereal.
Bacon.
Toast, butter.

Dinner:

Swiss steaks.
Steamed rice.
Stewed corn and green peppers.
Carrot and cabbage slaw.
Chocolate sundae.

APRIL 9, 1945—continued

Supper:

Soup, crackers.
Lima beans and ham hocks.
Harvard beets.
Deviled egg salad.
Gingerbread.

APRIL 10, 1945

Breakfast:

Stewed prunes and apricots.
Rolled oats.
French toast, sirup.
Toast, butter.

Regular diet menu, week of April 9-15, 1945, Lincoln, Nebr.—Continued

APRIL 10, 1945—continued

Dinner:

Beef tongue, mustard sauce.
 Potatoes Delmonico.
 Spinach with lemon.
 Combination salad.
 Fruit Jell-O, thin cream.

Supper:

Soup, crackers.
 Scrambled eggs with minced bacon.
 Potatoes in jackets.
 Apple, celery, and raisin salad.
 Ice-box cookies.

APRIL 11, 1945

Breakfast:

Grapefruit.
 Wheat cereal.
 Bacon.
 Toast, butter.

Dinner:

Sausage loaf, gravy.
 Parsley potatoes.
 String beans with celery.
 Hot biscuits, butter.
 Orange sherbet.

Supper:

Hot beef sandwiches.
 Mashed potatoes, gravy.
 Tomatoes with chopped celery and onions.
 Fruit salad, graham crackers.

APRIL 12, 1945

Breakfast:

Fresh applesauce.
 Dry cereals.
 Fried eggs.
 Toast, butter.

Dinner:

Steamed spareribs and dumplings.
 Sauerkraut.
 Kidney bean salad.
 Peach pie.

Supper:

Grapefruit juice.
 Grilled beef and potato cakes.
 Cabbage au gratin.
 Mixed vegetable salad.
 Apricots.

APRIL 13, 1945

Breakfast:

Plums.
 Wheatena.
 Scrambled eggs.
 Toast, butter.

Submitted by:

Approved:

APRIL 13, 1945—continued

Dinner:

Salmon patties.
 Creamed potatoes and peas.
 Shredded lettuce salad.
 Hot cornbread, butter.
 Chocolate meringue pudding.

Supper:

Soup, crackers.
 Baked spaghetti and cheese.
 Mashed rutabagas.
 Fresh fruit salad.
 Rolled oats cookies.

APRIL 14, 1945

Breakfast:

Grapefruit.
 Rolled oats.
 Pancakes, sirup.
 Toast, butter.

Dinner:

Roast pork, gravy.
 Hominy grits.
 Baked parsnips.
 Waldorf salad.
 Iced devils food cake.

Supper:

Soup, crackers.
 Omelets.
 Creamed potatoes.
 Adirondack salad.
 Apricot custard ice cream.

APRIL 15, 1945

Breakfast:

Tomato juice.
 Wheat cereal.
 Sausages.
 Toast, butter.

Dinner:

Baked chicken.
 Sage dressing, gravy.
 Buttered peas.
 Sunset salad, mayonnaise.
 All bran rolls, butter.
 Fresh rhubarb pie.

Supper:

Soup, crackers.
 Baked beans.
 Potato chips.
 Coleslaw.
 Peaches.

MARY B. ADDISON,
Chief Dietitian.

E. R. BENKE,
Manager.
 Dr. H. A. SCOTT,
Chief Medical Officer.

(The report on veterans' hospitals, referred to and submitted by the witness, is in full as follows:)

REPORT ON VETERANS' HOSPITALS

(Submitted by Hon. Paul Cunningham, Representative from Iowa)

April 2, 1945: Arrived at veterans' hospital at Aspinwall, Pa., at 11 a. m. Called on the commanding officer, Colonel Carrol. Went first to the kitchen while they were serving the noon meal. Went through the ice boxes, garbage disposal room, etc.; talked with the dietitian and looked at the food. Then went to the dining room and visited with the men from table to table during the mealtime, after which I went through the wards and talked with about 50 of the patients. Went through the operating room and other rooms of the hospital. I then went back to the kitchen, when it was cleaned up after the noon meal; went into the storage rooms and the bakery and talked at length with the dietitian. At 5:30 p. m., I had gone through as much of the hospital as I could, so went to the clinic director's office and visited with him and several doctors. I also talked with doctors and nurses on the floors.

I found the kitchen clean, the food clean and good, and prepared as it is prepared in all kitchens where large quantities are served. The quality of the meats and food was first class. Swift's Premium ham and bacon and A-grade beef were used. The bakery and operating rooms were immaculate. The hospital's halls and wards were clean.

The patients with whom I talked were universally resentful of the charge made in the *Cosmopolitan* magazine and thought it was unfair and unjust. Every patient with whom I talked said the treatment they received by the nurses and doctors was first class and there was no complaint against the personnel. They all said the food was good and plentiful, but some complained that it was not well-prepared and not well-seasoned. Three patients, when I first talked to them, said they had complaints against the food and upon questioning I found it was only on the preparation and can be summed up this way: One patient said eggs five times a week was too often; another said there was too much of a sameness; and another complained about the food for awhile, then laughed and said, "Oh, H—I, if I had to eat my wife's cooking three meals a day constantly for 5 years I would not like it either." One patient in the dining room complained of the food and when asked what was wrong, he said, "I should not be at this table." The other men at the table spoke up and said the food was all right, nothing wrong with it, they were perfectly satisfied, that all this fellow needed was a drink. He then said he should be at another table and I found his only complaint was that the other boys were razzing him a little.

One man came to me and said, "Are you looking for complaints?" I said, "Yes." After talking with him a while I found his only complaint was that he was in the hospital 15 weeks and had only received 15 pills. He was not a bed patient and had the run of the hospital.

Thirty-seven percent of the patients are from World War II and none of these boys had any complaint against the treatment, the nurses, the doctors, the food, or the hospital generally. One boy, who had been in the South Pacific and is a bed patient, said, "Everything is all right here if you obey the orders and do as you are told; that is all that is necessary to get good treatment here."

The most serious complaint I found against the hospital was from one group of patients in one ward, to the effect that the patients themselves are being allowed to run the hospital; or at least a group of them. All of these complaints came from World War I patients who had been there for a good many years. One man I found had been in the hospital 9 years and several had been there 4 and 5 years. There was a total of 946 patients.

I met and talked with a boy from World War I, who had been a patient at Castle Point Hospital and occupied the same ward with the man referred to in the *Cosmopolitan* magazine article, who had to go some 50 or 60 miles for an operation and did not get it and then came back to the hospital. He said that was a true statement as he saw the boy leaving and saw him when he came back. This same man said, when he came into Aspinwall Hospital they said, "There is your bed and there is your meal ticket," and left him alone. He is a tubercular patient, but he had no complaint against the treatment by the personnel or the food, other than that he got tired of it at times.

Some bed patients claimed that when the food reached their bed on the tray it was cold. Investigation disclosed the cause to be that all food is prepared in the main kitchen on the first floor and is then sent in receptacles to the rooms on the ward floors, where it is transferred to trays and then to the rooms; and by the time it reaches the rooms at the far end of the halls, it is cold. This could be corrected by having the food for each floor prepared on that floor, insofar as bed patients are concerned, or at least have it heated just before it is placed on the tray and sent to the patient, as there is too much time between its leaving the steam table in the main kitchen and its arrival at the patients' rooms; but this is the fault of the general policy of the Veterans' Administration, as near as I could get the information, and not the fault of anyone at this particular hospital, as they are only carrying out the instructions from those above. I talked with the clinical director about this and he recognized the truthfulness of the complaint and said it could be remedied if they were permitted to cook or reheat the food on each floor.

The man who sent the telegram to Congressman Ramey asked to be readmitted to the hospital when I was there and they were making arrangements for him to come in when I left. I left the hospital about 6 p. m.

I submit herewith copies of menus that were used the past weeks, as well as the menu for the Easter dinner.

The day after my trip to the Aspinwall Hospital I learned of a man in downtown Pittsburgh who had a complaint, and I visited with him for about one-half hour. His name is Paul J. Walker, of Pittsburgh, Pa., and his statement is as follows: "I was taken into the hospital and it was 1 week before any attention was given me, except a general talk for about 15 minutes the day I entered. A tray was prescribed for me and I was assigned to a ward. I was then put through the clinic for 2 days and physiotherapy was prescribed. I was there 5 weeks and 4 days before I got any physiotherapy. I received good treatment after they got started. I have a spinal trouble and not much could be done. The treatments gave me relief. I was there 2 months and 11 days and this was all I got the first 5 weeks except pain pills. I have no complaint about the food or the treatment of the doctors and nurses. I guess my experience is typical of Army routine."

On April 4, 1945, I visited the receiving center at Youngstown, Ohio, and found it in the process of expansion. Insofar as it was set up, it was in good shape. Much work was being done there on the loan title of the GI bill.

Veterans who go through that center go to Brecksville Hospital or other nearby hospitals. The offices were orderly and in good shape and the personnel busy.

I said to the manager, "What arrangements do you have to take care of an emergency case that comes to your center?" and his reply was, "We have doctors on duty here to give immediate examination, and if it is an emergency case, it is taken care of at once locally. Just last evening an emergency case came in and in 35 minutes he was on the operating table in one of the local hospitals in Youngstown." I do not recall whether he said this was a service-connected disability or not.

On April 5, 1945, I visited the general medical hospital at Brecksville, Ohio. General Marlin is the commanding officer. It is located about 20 miles south of Cleveland.

In this hospital I found the kitchen, bakery, food and vegetable lockers, meat lockers, garbage-disposal rooms, and every part of it having to do with food, immaculate. The dining room was exceptionally clean and cheerful and one of the Gray Ladies was playing the piano all during the meal hour. The halls, wards, and operating room were also immaculate.

I visited many patients, in company with General Marlin and other officers, and I also visited many alone. My first observation was the apparent pleasure that was evidenced by the patients when General Marlin went in to see them. I talked with more than 50 patients in this hospital and the only complaint I received was from one veteran who thought he should be on the floor above. I checked this later with the officers and found there is a very definite reason why he could not be on the floor above and for humanitarian reasons he was not advised why.

The reports from the patients in this hospital regarding the food was that it is good, of good quality, well prepared, and plenty of it. I ate the same food that was served the patients and it was good.

Following my tour through the hospital I met with representatives of the American Legion, the Veterans of Foreign Wars, the DAV, and the Red Cross

in an office provided by the hospital for the representatives of these organizations. At this meeting no one directly connected with the hospital was present. In the discussion with these representatives, which lasted more than an hour, I found the following complaints:

1. The P-10 entrance application is not in proper form and there was some complaint of the attitude of the doctors and nurses in the entrance ward.
2. That some of the doctors called the patients "jerks."
3. That when patients are first received they are told by certain doctors that they are only there to get their pensions increased.
4. That too many of the doctors have never had any service themselves.
5. That the hospital would serve the patients better if it had a better staff of doctors.
6. That tubercular patients should not be kept in that locality or climate.
7. That the hospital, as stated above, is 20 miles south of Cleveland and the central office should be moved downtown at Cleveland, mainly because of transportation.
8. That the civil-service status caused some difficulty.
9. That the treatment of the patients generally is fair to good.
10. That the majority of the doctors are good.
11. That the surgery is excellent.
12. That the food is good, quality good, and plenty of it.
13. That the rate of pay is not sufficient for competent help.
14. That if the first contact with the Veterans' Administration by the patients was a pleasant one it would cause fewer complaints.
15. That the patients should be treated and not just tolerated.

These men all said that the hospital generally was good, but they felt that changes in the matters mentioned above would improve it.

General Marlin, the clinical director, and other high-ranking officers in this hospital were not in uniform; but those of lower rank were.

None of the complaints given me by the representatives of the veterans' organizations were voiced by any of the more than 50 patients I personally interviewed. My own investigation discloses that the greatest problem at Brecksville is that of manpower or help, but it has been fairly well solved by the officials calling upon the people in the community for aid, with the result that on Fridays, Saturdays, and Sundays, high-school students over the vicinity come in and assist, to the extent that 3 days out of each 7 they have plenty of help. It happened that I was there on Thursday, the last of the 4 days of each week when the help is short, and yet I found conditions as stated above.

On Saturday, April 7, I visited the NP hospital at Marion, Ind. I found the kitchen, meat lockers, fruit and vegetable lockers, garbage-disposal room, bakery and operating room immaculate. The halls and the wards were clean. The food was good, well prepared, and plenty of it.

One entire building is devoted to occupational work such as carpet weaving; painting; printing; basketweaving; woodwork, such as the making of chairs, benches; tanning; needlepoint, and many other things; also the making of poppies, for which the veterans receive a certain amount of pay. I personally saw hundreds of these patients at work, standing around and doing various things, and talked with many of them. They were all in a happy mood and seemed to be satisfied, although being NP patients it was difficult to get any statements about the treatment or the hospital that could be relied upon. I did not receive any complaints. There was difficulty because of the manpower shortage here, as well as in the other hospitals.

I next visited the NP hospital at Knoxville, Iowa, and found it much the same as the one at Marion, Ind. In Knoxville I talked with a number of the citizens who are members of veterans' organizations, including members of the Ladies' Auxiliary of the Legion who make frequent visits to the hospital, and all of the reports I received were good. I also received good reports about this hospital from the businessmen and others in the town who are in close touch with it.

Both the Marion and Knoxville hospitals had upwards of 1,700 patients when I was there, yet the officials advised they could take a few more.

On Wednesday, April 11, I visited the general medical hospital at Lincoln, Nebr. This hospital is situated in a beautiful location; on high ground about 7 miles from the center of Lincoln. There were 214 patients, with 82 vacancies. The manager said they could take care of 186 more and not be overcrowded.

The kitchen; meat, fruit, and vegetable lockers; and garbage-disposal room are all immaculate, as well as the bakery and operating rooms.

I found the patients in this hospital exceptionally enthusiastic about the hospital treatment by the attendants, doctors, and nurses. However, I did find several of the patients who did not want to stay in the hospital, but it is to be noted that most of the patients in this hospital come from farming communities, excepting those from Omaha, and they are accustomed to outdoor life and mentally do not take to confinement made necessary by hospitalization. Among the some 50 patients with whom I talked in this hospital, I found 3 complaints: (1) One patient wanted to be home, but his wife was with him at the time and she said it was essential that he remain in the hospital; (2) another complained of the treatment accorded him by one of the nurses the first night he was in the hospital; (3) the third had many complaints and everything seemed to be wrong insofar as he was concerned. In the same ward with him there were eight or nine other patients. He said, in their hearing, that they all could tell me plenty if they wanted to. I asked him to talk and tell me every complaint he had and he did talk for about 20 minutes without giving any specific complaint. He seemed to feel he could get better treatment if he were in another hospital. He had been there about 10 days. When I left this ward, three of the patients, who had been listening and saying nothing, walked out in the hall and the remark of one of them, to which both of the others assented, was, "It takes all kinds of patients to make a hospital. We are treated fine here and there is no ground for complaint. Do not pay any attention to what he told you." The other patients in this ward seemed afraid to express themselves in the presence of this one patient who had made the complaints.

I found three patients in this hospital who had been in other hospitals, and two of them at the Mayo Clinic, and all of them said they received better treatment at the veterans' hospital than any place they had been.

This hospital is exceptionally clean, with no smoke at all, as natural gas is used for fuel.

The Legion and Veterans of Foreign Wars representatives said the hospital was O. K. and they had no complaints.

The patients in this hospital are all general medical patients and no tubercular patients.

One patient said that Congress should be investigated and not the hospital.

The manager, E. R. Benka, is not a doctor and he had more complaints than all of the patients put together. His statement is as follows: "I have some difficulty with the arrogant attitude of some of the doctors. These are mostly farm boys and some of my doctors will say, 'Well, what is the matter with you?' and treat the patients with the arrogant attitude of their own importance." He said that naturally the farm boys do not want to stay in any hospital. He also said that the uniforms of the doctors caused resentment by the patients, particularly those officers who have had no service. The manager was not in uniform. He also said he could have more efficiency and a better hospital were it not for civil-service rights.

All in all, this was as good a hospital as I visited.

Following the article in the Cosmopolitan magazine, a summary of it was carried in the Omaha World-Herald. Later, a reporter for the World-Herald spent a day going through the hospital, with the result that he wrote an article stating he found things in excellent shape and refuting all that had been said previously. I have with me a copy of this article from the World-Herald for the information of the committee.

April 13, 1945, I visited the general medical hospital at Des Moines, Iowa, and found it in very good shape. The patients were cheerful and expressed themselves as well satisfied with the treatment they received from the attendants, nurses, and doctors. The kitchen, dining room, food-storage rooms, lockers, etc., were immaculate. The halls and wards were clean, as well as the bakery and the operating room.

A number of the patients, as well as the personnel of this hospital, are people I have known for many years. I talked with them at length and found no complaints whatever.

As I left this hospital to return to the center of the city, I said to the taxi driver: "Do you come to this hospital often?" He said, "Yes; once a day and sometimes several times a day." I said, "Do you carry patients or others?" He said, "Mostly patients." I said, "Tell me what you know about this hospital." He replied, "I tell you that simply. For 1 person I haul away from here complaining, I haul 10 away who are boosting the hospital. I guess you get all kinds of patients in any hospital and you cannot please everyone."

The clinical director at this hospital asked me if I would stay all night and spend the night with the officer of the day so I could see the hospital without interference just as it is. I was not able to do this, but I did talk with many members of the veterans' organizations who make it a practice to visit this hospital at least once a week and all of them gave a good report. I found the usual complaint that it is difficult to get sufficient help.

As a general summary for all the hospitals, I found—

1. The hospitals generally, including wards, halls, bakeries, operating rooms, kitchens, food storage rooms, and dining rooms, all clean and some immaculate.

2. The food in all of them good; plenty of it and as well prepared as could be expected where food is prepared in large quantities.

3. A shortage of manpower in every hospital.

4. On the whole, the patients happy and well satisfied.

5. A general complaint of arrogance against certain doctors and a very few of the nurses. No complaint against any attendant or employee other than the doctor and nurse personnel.

6. The dietitians in all the hospitals seemed efficient and they were on the job. I brought back with me copies of menus for different weeks from some of the hospitals for the information of the committee.

7. There were from 30 to 37 percent of the patients in the hospitals from World War II; the others were from World War I; a few Spanish-American War veterans; and I found one Civil War veteran, 96 years of age, who was at the Lincoln, Nebr., hospital and the most enthusiastic booster of the hospital I found of all the patients.

8. I found no complaints from any veteran of World War II, and as two of them put it, "I tell you, Mister, if you obey the rules, you are treated swell."

9. There was general complaint against the doctors wearing uniforms. The patients do not like rank in hospitals. There was some complaint quite generally against certain classes of doctors.

10. A general complaint was that the receiving center in all of them should be separate from the hospital; and that the personnel work, dealing with pensions, claims, etc., should be at a separate place. This is particularly true with hospitals located some distance from the center of the city, such as the one at Brecksville, Ohio. Many of the patients are in need of better and more medical attention before they get to the hospital, and particularly is this true with the shortage of transportation.

GENERAL RECOMMENDANTS FOR IMPROVEMENTS

1. Separate the receiving, or induction, centers from the hospitals proper, including the legal and administration work.

2. Take the uniforms off the doctors.

3. Put a general manager in charge of each hospital who is not a doctor.

4. Increase the pay of doctors according to ability and not according to promotion in rank.

5. Amend the civil service so the manager can discharge an unsatisfactory employee without having the burden placed upon him to file and prove charges.

6. The increase of the pay of doctors so it will be attractive to doctors of higher skill.

7. Increase the number of doctors and nurses just as soon as practicable.

8. Get more doctors experienced in the handling of mental cases.

9. Set up a training or instructive board to impress upon doctors, nurses, and personnel the importance of treating the patients as veterans, to the end that the patient will always feel the hospital is his home; that he has a perfect right to be there; and that he is not imposing upon anyone or seeking anything to which he is not entitled.

10. Resurvey the entire group of hospitals as to location for the treatment of tubercular patients. In this recommendation I recognize it is the latest medical opinion that rest and quiet, rather than climate, is the proper treatment for tuberculosis. However, patients themselves do not believe that and practically all of them feel if they were in a different climate they would improve more rapidly. At least something should be done to correct this impression in the minds of the patients, as that in itself would be an improvement. Patients who can see smoke, smudge, and fog in the air almost daily believe it is detrimental to their recovery, whether it is or not.

11. Patients who are under observation should be advised repeatedly that they are under observation and not be left to wonder why they are receiving a par-

ticular kind of treatment or receiving no particular treatment. For example: One patient was greatly disturbed because he had been in the hospital 15 days and all they had done for him was to give him 13 pills. An investigation disclosed that the medical authorities felt there was nothing wrong with this patient and they were only keeping him for a time to make sure. The pills were given simply to satisfy him, yet he was one of the most critical complainers I encountered on my entire trip.

It was my intention to visit the hospitals at Indianapolis, Ind., and Dayton, Ohio, but the death of President Roosevelt cut short my time and I did not get to visit them on my trip. Since my return to Washington I have received a number of complaints regarding these two particular hospitals and I believe the committee should send someone to investigate each of them.

GENERAL REPORT

At one hospital I encountered a lady of the Ladies Auxiliary of the Legion, who said that she had been in that particular hospital almost every day since it was built. Her duty is to contact the patients and see how they are treated: She had just read the second article in the *Cosmopolitan* magazine, which refers to the mental patient who was handcuffed. She said, "I know that patient and all about it, and that was a kindness to him. He would have scratched out his eyes and otherwise injured himself had the cuffs not been put on him."

I found universal resentment among the patients toward the article in the *Cosmopolitan* magazine. They had all read it, or heard about it, and said it was unfair and unjust, and some of them said it was "downright dirty."

In my report on the Aspinwall Hospital, which was written before I had visited other hospitals, I said there was complaint about the food being cold and suggested a remedy. However, at the other hospitals I found this has been corrected by electrical plug-in and plug-out food carts in which the food is placed when it leaves the main kitchen, and when it gets to the ward floor it is again plugged in and the food kept hot until the tray is removed from the cart. There were only a few instances in other hospitals where I found the food had begun to get cold by the time it reached the patient, and these patients were in the wards the farthest distance from the food cart.

At all the hospitals I talked with the patients alone and was permitted to go wherever I wished alone. I only had an official with me when I requested it. No one knew in advance that I was coming as I did not know myself for certain when I left Washington what hospitals I would visit. I had gone through the kitchen in one hospital before anyone knew I was there: in fact, the assistant dietitian tried to have me thrown out before she knew who I was.

The CHAIRMAN. Thank you very much, Mr. Cunningham. You have made a very splendid statement. We reserve the right to call you back.

We will take a recess until 2 o'clock this afternoon.

(Whereupon, at 12:35 p. m., a recess was taken until 2 p. m. of the same day.)

AFTERNOON SESSION

(The hearing was resumed at 2 p. m.. Present: Messrs. Rankin (chairman), Gibson, Mrs. Rogers, Messrs. Cunningham, Kearney, Scrivner, and Ramey.)

The CHAIRMAN. The committee will come to order. Mr. Ramey, do you want to go on this afternoon?

Mr. RAMEY. Will it take more than an hour?

Mr. SCRIVNER. You are your own judge.

Mr. RAMEY. I think I can get through within an hour. I wanted to fly to Toledo about 5 o'clock this afternoon. As I address the American at Elmore, Ohio (Memorial Day).

Mr. KEARNEY. Let your conscience be your guide.

The CHAIRMAN. Is the material prepared?

Mr. RAMEY. I mailed it to the committee. I can start in with Roanoke, Va., while we are getting that material.

The CHAIRMAN. You may extend your remarks. Judge, if you want to.

Mr. RAMEY. All right.

STATEMENT OF HON. HOMER A. RAMEY, A REPRESENTATIVE IN THE CONGRESS OF THE UNITED STATES FROM THE NINTH CONGRESSIONAL DISTRICT OF OHIO

The CHAIRMAN. Give your name and address for the record, please.

Mr. RAMEY. My name is Homer A. Ramey, 2102 Parkdale Avenue, Toledo, Ohio.

I entered the veterans' hospital at Roanoke as a Member, the day after I made a visitation as a citizen incommunicado. I entered at approximately the noon hour and talked to the ladies, who were extremely courteous, not disclosing my identity at that time, and then I asked to see the superintendent and the manager. The general manager asked me if I wanted to have dinner. I said, "Yes, but I want to eat with the veterans. I do not want to eat with you. I do not want to eat with the officials. I want to eat the same food the veterans have." And he said, "That will be agreeable. Would you rather go by yourself, or shall I go with you?" I said, "I would like to have you come along, because this is an NP hospital and I have talked to a considerable number of men and several of the citizens in the vicinity of Roanoke, and I would like to see if the men know you very well."

So I went to the dining room, which was cafeteria style. The manager of the hospital was there with me. I was impressed with the fact that the men, the veterans, all knew the manager, called him by his first name, a great many of them; he called them by their first names, and had a great sense of humor and kidded with the men. There was a general era of good feeling. As the men walked forward to take their places he called them Bill and Shorty and Slim and other nicknames.

The veterans had a meal consisting of spareribs and kraut. It was not the usual kraut. I do not know just how it was prepared, but it was very good and palatable, and the spareribs were in large portions and were meaty, not like you get in a restaurant: but much better. The veterans were allowed to have as many helpings as they wanted. The had potatoes and a salad. I ate with a couple of veterans and talked to them. The beverage was tea, coffee, or milk. The milk was half cream and half milk. It was real milk from the farm.

The CHAIRMAN. You mean, it was better than you get here in Washington?

Mr. RAMEY. Yes; much better. It was half cream and half milk.

The manager said, "You have been about the place and been downtown. What have you heard? Is there anything you want to ask questions about? Do you want to go by yourself or be with me?"

I said, "I have talked to two church people and I have been in a Roanoke hotel; I have been to the depot and seen folks; I have been in one or two so-called joints near the depot and asked questions about the hospital." I said, "I do want to ask a question or so about the moral situation here. Is there complaint that veterans get with women?"

He said, "There was a house of prostitution about half a mile across here, which I closed." It was a sort of a quasi house of prostitution which he took the lead in closing. I later had it confirmed that he was the man that closed the place.

I said, "Is there any complaint that men go downtown?" He said, "We do not let the men go downtown by themselves; they go downtown with an attendant. None of the veterans is allowed to go except with an attendant. Our attendants are big brothers. We have one for every four or five of the veteran patients." I said, "How are you able to do it?" I said, "For instance, the hospitals at Dearborn, Mich., Brecksville, Ohio, Dayton, Ohio, Chillicothe, Ohio—on account of the labor situation, they cannot do it."

He said, "We have a situation that is not so bad as to labor. We have had a great deal of help from the citizenship who are big brothers." He said, "The local Congressman here has often taken part—Congressman Woodrum. He was there at the time of the dedication of this hospital."

Then he showed me how the veterans were big brothers by bringing in several attendants, and he gave me a slip, which I mailed to the committee, wherein he informed them, "You are veterans. You must remember that you are one of the veterans and you are to treat them as brothers. They are NP cases that you are to look after. You will look after their play, their recreation, and their forms of amusement."

There is a stream there where they are taken fishing, where they have all the grounds they need for the activities of an NP man to make the best of himself.

I said, "What number get out of here? What number get well? Do most of them die, or do they get well?" He said, "About 98 percent get out of here."

That was the first hospital I visited, and that was quite a surprise.

The CHAIRMAN. What percentage get out?

Mr. RAMEY. Approximately 98 percent recover and get well.

I said, "Have you ever had any suicides?" He said they had one a long time ago.

The CHAIRMAN. That was Colonel Jordan, was it not?

Mr. RAMEY. Yes. That is the man that knew the folks and called them by their first names and by nicknames.

This is the best hospital that I visited. I went through the entire hospital, even to the files, to the meat places, to the food storage rooms, which were adequate and complete.

I then said, "I want to see a veteran that is out around the pig lot"—because I had had some conversation with him yesterday when I went incommunicado. They raise their own herds mostly. One veteran was having a great time the day before, and asked me if I knew anything about breeding hogs. He took me over to see a boar and a few sows and told me how they changed boars from one veterans' facility to another.

I said, "Do any of the attendants try to get out of work at night when a patient becomes disturbed, by giving him sleeping pills, such as nembutal or barbital or any of those barbiturates?" He said, "No. I want you to go and ask the nurses themselves." And I did, and found that the nurses did not allow any of the attendants at the medicine cabinets to get the patients any medicine except upon authorization of the physicians.

I said, "I want to go to the rough place. I don't want to see just the good; I want to go to the place where the folks have to be in straps, locked up."

So I went there and talked to two ladies by myself, who had come to see, one a husband and the other a son, and they said they had been treated with the greatest of courtesy. I found three veteran patients on chairs with a strap around the wrists, and I asked the reason for that, of the attendants and also the manager. Two of them were placed that way because they insisted on scratching their eyes out and things of that kind.

I asked if there had been any cases of any perversion of any kind in the hospital, and the manager said absolutely not. The attendants always assist them. They had the best of bathing facilities. Everything was cleanly. I talked to the men. There were some that talked incoherently, but seemed to be unusually happy. They praised their Congressmen for visiting the hospital so much. That is, Mr. Woodrum. They said he was very interested and had visited a great many times.

I spoke about the food being so good. I was told that relatives come and are allowed to take veterans to the Roanoke Hotel. That is a hotel subsidized by the Chesapeake & Ohio Railway—I later visited there—where the prices are not so high. When they want to do that, it is allowed.

I asked if any other Congressmen visited there, and they said that the Congressman from Lexington had been there the night before and talked to some young veterans, and also some folks in the public relations, to get some information about the place, and they said that Congressman Robertson had visited the veterans' hospital there, but not as much as the Congressman right in that district; that Congressman Robertson's interest was more in the fields of taxation matters than perhaps the veterans, but he was very much interested and a very good man.

I will have all this in writing. I understand that what the committee wants is to have me add to what I have put in writing, and file what is in writing.

The CHAIRMAN. We want you to make your statement.

Mr. RAMEY. That is the statement I am making from memory of the hospital at Roanoke, Va. I will be open for questions.

There are two chapels there for religious services.

Mr. KEARNEY. Is that the institution where the two chapels are under the same roof?

Mr. RAMEY. No. They have a situation, I believe over in Huntington where they can worship in any manner that they choose. They did say that the Catholic chapel was better attended than the Protestant chapel. That was at every hospital I visited, especially Dayton, Ohio. There was a very good religious atmosphere. There was no interfering with any man's religious wishes or anything of the kind, and no attempt to proselyte. That question I asked at each and every one of the hospitals, not only at Roanoke, but at Huntington, Chillicothe, Dayton, Fort Custer, Dearborn, and Brecksville. I did make some outside investigation in connection with Minneapolis, but I was not there. I asked this question of each hospital: If there are patients who do not believe in medical treatment but are either members of Unity Church or the Christian Science Church, believing in healing

by prayer or divine healing, does the medical department ever say, "Well, now, don't read this stuff, or something of that kind?" They said that in each of the hospitals, not only did the manager and the doctors not say that, but I contacted one Unity patient and several Christian Science patients, who said that in each of the hospitals they were allowed to use their own book or have their own treatment. However, there must be vaccination, just the same as in the Army. You cannot say to a Christian Scientist, "You don't have to take shots," or you cannot say to a Quaker, "You don't have to salute." But they were allowed to worship according to the dictates of their own conscience.

The CHAIRMAN. I presume you realize that religious freedom in America originated in Virginia?

Mr. RAMEY. They certainly have it in Roanoke.

The CHAIRMAN. It was almost in throwing distance of the home of Thomas Jefferson and of George Mason, who had religious freedom written into their Bill of Rights, and it was drafted into the Constitution. So you will probably find more liberality in that respect in that area than in almost any other place.

Mr. RAMEY. I found that at the hospital. I visited a place near Chesterfield, Va., where they imprisoned a man for being a Baptist. But that had nothing to do with the hospital.

The CHAIRMAN. In this connection I think I ought to state to you that I visited this hospital also, just a few days after you were there, and I found the same conditions you did. I took a meal there and I saw what the veterans were eating. They have a Negro ward in that hospital, and I said to Colonel Jordan, "I want to go through the Negro ward, and I want to go there now while they are eating. I want to see what they get to eat." I went over there and he went with me, and as you say, they nearly all of them had something to say to him and he seemed to call everyone by his own name. They had exactly the same food that they had in the white dining room.

Mr. McQUEEN. Do you recall the percentage of World War II veterans and World War I veterans?

Mr. RAMEY. There were not as many of the World War I veterans as there were in the other places. I would say not more than about 25 percent at Roanoke. The rest were World War I veterans at the other hospitals. I should say practically a third.

Mrs. ROGERS. Do they have any record of any suicides there?

Mr. RAMEY. They had one at Roanoke approximately 4 years ago, but not since that.

Mrs. ROGERS. Was any explanation given for that?

Mr. RAMEY. Yes. There have been two suicides in Roanoke Hospital, one in the last 4 years and one since 1935. If I remember correctly, that is the year of the opening of the hospital. This is one hospital that was opened by His Excellency, Franklin D. Roosevelt, President of the United States. It is a new hospital.

Mrs. ROGERS. Was shortage of personnel given as a reason why a man was able to commit suicide?

Mr. RAMEY. In one case there was no one there, and in the other case it happened when the man was out in the field. They allow folks to go by themselves at Roanoke. The attendants sometimes leave them alone, and this was a case of drowning.

There is a creek there where the NP patients and everyone may fish. The Commonwealth of Virginia, in fact, stocks the stream with fish, and a great many citizens, as well as attendants, go fishing with them, as a matter of recreation. There were two suicides since April, 1935, and since that date there have been 8,480 patients admitted.

Mrs. ROGERS. Were there any beatings?

Mr. RAMEY. No. There were three in straps. I might say I saw a man in straps going fishing with an attendant. He was walking along carrying a fishing pole. He had the straps on, but he could hold a fishing pole, but he could not scratch his face. He was going fishing. He was walking through the grass with an attendant.

Mr. CUNNINGHAM. Were those straps like handcuffs?

Mr. RAMEY. This was a little different kind than the ones they had in the hospital. This was a strap that came from under the arms so he could fish, but he could not scratch his face.

Mrs. ROGERS. Were there any strapped in bed?

Mr. RAMEY. There was one that had had a fomentation. A fomentation is where a person is put on his stomach and then has applied a hot towel and then a cold towel. It is claimed that this fomentation treatment is a great thing for nervousness. Some of them were in running water, and they had two with smooth water with a canvas over them.

Mrs. ROGERS. Were there only two in the entire hospital?

Mr. RAMEY. Only two in the tubs.

Mrs. ROGERS. How many tubs do they have?

Mr. RAMEY. Twenty or twenty-five tubs. Then there were special appliances just like I have seen at Battle Creek and in the hospital at East Aurora, N. Y., where they put on a hot towel and a cold one, then a hot one and a cold one.

Mrs. ROGERS. Did you see any electric-shock treatments given?

Mr. RAMEY. No. I saw one afterward. I did not see any given.

Mrs. ROGERS. Did you see any insulin treatments?

Mr. RAMEY. I did not inquire as to that; but I did see at Huntington and at Camp Custer the types of patients that had diabetes.

Mrs. ROGERS. I meant insulin treatment for the mentally disturbed.

Mr. RAMEY. No.

Mrs. ROGERS. I do not believe they are using that so much now.

Mr. RAMEY. If it was there it was not called to my attention. It was mostly the water cure.

The CHAIRMAN. I have been to that hospital almost every year for the last 4 or 5 years. My daughter went to school in Roanoke, beginning in 1940. Practically every year I would drive out to this hospital and go in unannounced and tell the manager I wanted to go through. I have been to the food storage and have seen the garbage disposal, which is a wonderful improvement on what we see in a great many of the hotels around here. I went to the kitchen and dining room, all through the hospital many times, and I have found just about what you are describing, every time I went there. The only criticism that disturbed me at all was the medical staff. We will get to that when we come to consider this bill.

Mr. RAMEY. Did you see, Mr. Chairman, the letter that every attendant gets when he is hired?

The CHAIRMAN. I am not sure that I did, Mr. Ramey. I have so much material. I probably have it.

Mr. RAMEY. It directs their attention to the fact that "You are a big brother to the veterans. You are a veteran, and you are an attendant." At that time I said, "I wish we could have this at the hospitals in every other part of the country, one attendant for every four patients, highly paid. That would be a career." The letter that I refer to is a special four-page slip. If it is not found here I will write for it, to show you the comment made to each attendant who is hired.

The CHAIRMAN. This Colonel Jordan is from northeast Virginia. He was an officer in the last war and was, I believe, a colonel in this war. He had to be discharged because of an arthritic condition.

Mr. RAMEY. I have been to Dayton three times, but I have not completed the investigation yet. I have had five or six complaints and countercomplaints, and I have asked the committee to have one or two witnesses from there. There is one witness that I have asked for—

Mr. KEARNEY. Again I am going to bring up the point that I brought up this morning. What force and effect are these subpoenas going to have in directing witnesses to appear before the committee if there is not a witness fee tendered them to pay their expenses? I do not see where a subpoena has any force and effect unless they are tendered witness fees.

Mr. MCQUEEN. I have had many letters requesting an opportunity to appear before the committee, and in most of those letters they have requested that transportation be forwarded and money allowed for their keep in Washington. I have advised them that up to now I have no authority for allowing that.

Mr. KEARNEY. What I am getting at is this, that if you subpoena John Jones, who says he wants to testify or knows something about the facts existing in these hospitals, how can you compel him to come here unless he is tendered his witness fee and expenses?

The CHAIRMAN. He is paid so much per diem.

Mr. SCRIVNER. My information is that travel is allowed.

The CHAIRMAN. I am anxious to hear you on Dayton. I think that was an old-soldiers' home to begin with.

Mr. RAMEY. It is simply a new hospital that has been put over an old-soldiers' home. That was a situation that was extremely bad. Since visiting there, and before, I have about 20 complaints. I have seen those folks. Some of the complaints were true, some of them partially true, and the most of them untrue. I am not through with that yet. I spent one night there. I went there and some veteran said, "Is that another blank blank Congressman coming in here? We are getting along all right if Congressmen keep their noses out of it."

There is a lady who was at Lexington and came to Dayton and was removed. She wants to testify before the committee. She is now in Washington. She has been in to see me three times, claiming that she should not have been discharged.

There is one man that I could not mention to the committee and give his name. It is in connection with a case where they had to lock a man up. He tried to get fresh with the nurse. The manager would not tell the wife about it, because he did not want to disturb his family. I have heard that the manager was in Indianapolis for 20 years and was a splendid man. There are some reports that I have not ferreted out. That is the reason I would like to postpone Dayton. I went in there and spent the night there. I even went to both

churches in Dayton. I went to the Catholic church and to the Protestant church. I have asked a lady by the name of Mrs. Gray and a lady they call the sweetheart of the American Legion to go over there and find out about certain complaints. One lady that went over with me has a husband in the Army, now in England, in a hospital there. She says that Dayton is better than the hospital her husband is in in England, according to what he says about conditions there.

The CHAIRMAN. Dayton is a general medical and surgical hospital; is it not?

Mr. RAMEY. Yes, sir; and a large tuberculosis place. It is right close to an NP hospital, where they transfer the NP patients over to Chillicothe. Dayton and Chillicothe are only about a hundred miles apart.

The CHAIRMAN. You found in that hospital that they separate the whites and blacks?

Mr. RAMEY. Yes. That demand was made by the commandant of the soldiers' and sailors' home at Xenia. They made that report to Mrs. Gray who is the State treasurer of the American Legion Auxiliary of Ohio.

Before going to Dayton I went to this place that I had heard complaints of. I called on the people first so I could get in there and talk with those folks incommunicado, before I went to the manager and told him who I was.

There is one great big ward where the colored folks are, over here [illustrating], and the white folks are here [illustrating]. There was no complaint.

I may say that in Dayton, Dearborn, and the place that Congressman Cunningham testified about, you cannot get labor like you can in Roanoke. They cannot get attendants. Sometimes they work 3 days and go off on a binge. I have as my outstanding recommendation that the pay be at least doubled, and they should all be veterans and that the attendants be a profession—a career.

In Dayton the physician situation is splendid. Folks from the city who have been visitors there at all times stated that practically the best surgeon in the United States was the man who was the chief surgeon at Dayton.

The nurses are splendid. I was in there one night and had a nurse take me around to each ward just by myself. There was just one nurse on watch. I might say they had colored girl attendants where they could not get a sufficient number of veterans or a sufficient number of men, but they were doing splendid work. The last time I was through there I found that the medicines were all locked up; no people that were not physicians were allowed to get into the medicines. Everything was locked, and it was scrupulously clean. There is not enough help, and some things are happening at Dayton.

The CHAIRMAN. What is the number of beds?

Mr. RAMEY. That is an awfully big hospital. I have the menus and the number of beds all written down.

The CHAIRMAN. I hope you will put that into the record.

Mr. RAMEY. Clerical help on duty, 173. Physicians, vacant, 85. Hospital attendants, 180.

Mr. KEARNEY. There are vacancies there for 85 doctors?

Mr. RAMEY. Yes, sir. This report, I may say, is about 8 or 10 pages. If there is any question about Dayton I would like to make a further report on that. One person has been discharged from Dayton.

The CHAIRMAN. Did you find any mistreatment of the veterans at Dayton?

Mr. RAMEY. There were two or three reports. That is why I want one or two witnesses to testify. There have been some reports that when the light goes on the nurse does not get there in time, occasionally, but the attendants are there, if the patient is able to get up to go to the bathroom, and things like that. But there were some reports that once in a while a nurse became irritable.

I heard no reports about the medical division at all. There was a report saying that some of the nurses did get irritable and felt they were in command, and some attendants reported that they acted too much like they were the boss.

There is a lady who will testify here that said they had a way of killing at Dayton and really killed veterans. I could not verify it. She said, "Give me a chance to testify before the committee, and I can."

That was a lady who was 20 years at Lexington, Va., later at Dayton, and will testify before the committee, or wants to. I made an application to Mr. McQueen. She said the attendants had a way to hit them so they soon died.

Mr. McQUEEN. What is the death rate at Dayton?

Mr. RAMEY. It has been larger, I am sorry to say, in both our Ohio hospitals than it has been in many others.

Mr. McQUEEN. Who is this lady?

Mr. RAMEY. The one I brought in to see the chairman.

Mr. McQUEEN. Is that the lady that was discharged by the Veterans' Administration for some infraction of the rules?

Mr. RAMEY. Yes; and she claims it was because she was trying to help the veterans.

Mr. McQUEEN. In that case, does she not want to present her case before this committee rather than to testify as to what happened in the hospital? I gathered that from her conversation with me.

Mr. RAMEY. She told me that if we would allow her to testify she would give specific incidents. I gave her two or three names that were reported to me. She said someone was jumped on. I said, "No; that was at Chillicothe. Is not that the case that is being tried in the Federal court?" She said, "No. They all had to go to prison."

Mr. McQUEEN. Do you know what her condition is physically?

Mr. RAMEY. I do not know what her physical condition is.

Mr. McQUEEN. Do you think she is a fit person to be a nurse in the hospital there, after your conversation with her?

Mr. RAMEY. No; I do not. I am not a physician, of course. After I talked to her 2 or 3 days I could not keep her out of the office.

Mr. KEARNEY. Would you want her to take care of you?

Mr. RAMEY. No.

Mr. McQUEEN. I have not, of course, told the lady that she could testify. She has pressed me very hard about that, too. I will leave that to the committee.

The CHAIRMAN. Mr. Ramey, there are a great many witnesses who have demanded to come before this committee who might be classed as NP's?

Mr. RAMEY. Yes.

The CHAIRMAN. And they are continually harping on their own cases?

Mr. RAMEY. Yes.

The CHAIRMAN. We are trying to find out what is wrong at the veterans' hospital, if anything, and what should be done to cure the conditions and delinquencies.

Mr. RAMEY. There should be at least four times as many attendants and, of course, a great increase in doctors and nurses. Here is something about attendants in connection with Dayton and Camp Custer and Dearborn, especially Dearborn, near Detroit, where wages are very high. Here is what I have attached to my report [reading]:

The man who delivers your coal gets \$6,000 a year. The iceman gets \$5,000; the laundry man, \$4,500. The man who delivers your bread gets approximately \$6,000 a year.

The CHAIRMAN. You mean they get that as individual salaries—that they make that much on bread, ice, coal, and so forth? Do you mean that they get that much salary?

Mr. RAMEY. Here is what I have attached to the report from Dearborn. When I asked why they did not get attendants at these places where they have some crime—

The CHAIRMAN. Let us get this straight, now. Do you mean that a man pushing a wheelbarrow gets \$6,000 a year just for his physical services?

Mr. RAMEY. They get practically that in Detroit; and Dearborn hospital is only a short distance south of there. When you pay an attendant from \$110 to \$125 a month—of course, maintenance and meals—you can see what a job it is to get attendants. This was given to me by Guy Palmer, of the Veterans' Administration facility at Dearborn. When I asked him about some reports on folks that had left he said, "Fortunately there are some citizens around here that will help us out." [See excerpt from Detroit paper at end of testimony.]

Congressman Cunningham, when you were at Brecksville did they tell you about the icy condition and that they could not get over from Cleveland, and the people in the administrative office went into the kitchen and did the work for several days?

Mr. CUNNINGHAM. Yes; and that some of the citizens came in every week.

Mr. RAMEY. That is the condition, Mr. Chairman and members, that you find in some of these hospitals near Detroit, Cleveland, and even near Battle Creek. But, of course, Battle Creek, I might say, has members of the Army that are not going overseas, who are attendants there.

Mr. McQUEEN. Are those men assigned there for duty as attendants?

Mr. RAMEY. They are at Fort Custer, which is 5 miles out of Battle Creek. They are assigned to the veterans' hospital. There is an Army hospital called the Percy Jones. That is the old John Harvey Kellogg Sanitarium.

Mr. McQUEEN. Are these conscientious objectors?

Mr. RAMEY. No; they are not conscientious objectors. These are men that for some reason are not going overseas. They are enlisted men.

Mr. McQUEEN. Are they colored or white?

Mr. RAMEY. Those that I saw were white.

Mr. McQUEEN. Were they doing a good job?

Mr. RAMEY. Yes; they were doing a good job, and they had a sufficient number. They did admit there were some things that needed correction. It is the hospital where the chief physician said that the PM article was all right in some of the complaints.

The CHAIRMAN. If this is the wage scale in that area, it is time the rest of the American people looked into it, because it is certainly out of line with the whole country, if you are paying a man to push a wheelbarrow \$6,000 a year and the iceman \$5,000 a year, the man who carries laundry \$4,500 a year, the man who delivers bread \$6,000 a year, the insurance agent \$5,000 a year, the dry-cleaning man \$4,500 a year, the motorman of a streetcar \$5,000 a year or \$5,000 on a bus. If that is the wage scale in that area, there is something wrong, because that is certainly far out of line with the pay that is being received by the men who are doing the real fighting and the people in the agricultural States and the incomes of the small businessmen of this country.

Mr. RAMEY. This is the exhibit that Guy Palmer, the manager of the Dearborn hospital, requested me to attach to my papers showing why they could not get attendants at what they were allowed to pay.

The CHAIRMAN. The thing that surprises me is that that scale of wages is permitted.

Mr. RAMEY. That is what they get in Detroit.

I want to say that I have never seen in Dearborn any charge for cashing checks. They had a man in charge of the concession, and if veterans did not have the money he would give them their things. He was appointed there by a friend of Congressman Lesinski. I do not know him, but he said to be sure to give him his regards.

The CHAIRMAN. Is the Dearborn facility a general medical and surgical hospital?

Mr. RAMEY. Yes. The NP hospital is over at Fort Custer. I was trying to get the high spots on that, and I did not reduce it to writing.

Mr. McQUEEN. Did you find from your own observation that there were enough doctors or that they were short of doctors in this facility? That is, from your observation as a layman.

Mr. RAMEY. They are short on doctors and short on nurses, but they are more short on attendants than anything else. I think the attendants should be big brothers.

The CHAIRMAN. And that is because of the differential in pay?

Mr. RAMEY. Yes. What we are paying is \$110 up to \$125 a month, plus your maintenance; but now in Detroit or Cleveland or those places you can get that much a week, practically.

Mr. SCRIVNER. What did you find in Huntington, Judge?

Mr. RAMEY. Huntington is 5 miles out of the city of Huntington, in a beautiful general scenery.

Next to Roanoke I would say it is the best of the hospitals, although it cannot be compared to Roanoke, because it is general medical.

I found the citizens of Huntington very much attached to the veterans; I found the taxi drivers taking folks out of the hospital cheaper

than anywhere else. For a dollar you can go round trip out to the hospital.

They are scrupulously clean; I found the doctors very good.

Huntington is the place where we found the patient who had been to Mayo brothers and operated, and he sent for me. I did not see him at first, but he sent for me.

He was a very old man. He had been a dentist himself.

He said, "Are you one of these so-and-so's that Congress is investigating?" He said, "If Congress will attend to their business, we can attend to our business"; and he says, "Look at me"; then he showed me [indicating]—he says, "Here is where I was operated, and I am getting along a whole lot better than at Mayo brothers.

The CHAIRMAN. Where is that?

Mr. RAMEY. Huntington, W. Va.

Mr. SCRIVNER. I stopped there a couple of hours last fall. I was wondering what the lay-out was.

Mr. RAMEY. Yes.

And I found also that the patients had their regular food containers, where the food was kept warm and palatable.

I also ate with the patients and went to see the different diets they had for the patients.

The records are in good shape, and they have a feeling of respect toward the manager. There are more attendants needed but not any dire situation like the hospitals that are near the cities.

Mr. McQUEEN. From your observation, were there enough nurses and doctors in this hospital from the layman's standpoint?

Mr. RAMEY. No; not enough. I should say perhaps one-third more should be in it.

Mr. McQUEEN. What was your observation as to the services they render, from a professional standpoint?

Mr. RAMEY. The service they render is splendid, and no mistreatment.

Mrs. ROGERS. May I interrupt there?

The CHAIRMAN. Mrs. Rogers.

Mrs. ROGERS. Judge, have they separated the World War I and the World War II patients there?

The CHAIRMAN. What was that?

Mrs. ROGERS. Have they separated the World War I patients and the World War II patients?

Mr. RAMEY. No.

Mr. McQUEEN. What was the percentage of World War I and World War II patients?

Mr. RAMEY. I think about 28 percent at Huntington are World War I and the rest No. II.

Mr. SCRIVNER. A little less than a third.

Mr. RAMEY. Yes.

Mr. McQUEEN. In other words, you had less of the World War I patients at Huntington than of the World War II?

Mr. RAMEY. No. I misspoke if I said that. Less than one-third of World War II.

The CHAIRMAN. Were there any Negro patients there?

Mr. RAMEY. Yes.

The CHAIRMAN. Were they separated?

Mr. RAMEY. Yes.

The CHAIRMAN. Segregated. I think that is much more important than separating World War I and World War II patients.

Mrs. ROGERS. Did you find at the NP hospitals that the young patients are separated from the older cases and the hopeless cases, perhaps unfortunately hopeless, so far as recovery is concerned, from World War I?

Mr. RAMEY. There are more World War I Army men who are attendants at Fort Custer, which is 5 miles out of Battle Creek. That was the only one I visited where they had Army men attendants.

For instance, the attendant situation and general situation I believe was as good as it was at the Army hospital which was known as the Percy Jones Hospital.

And may I say the one at Huntington—the Congressman, Hubert Ellis, has been a very good friend of the institution and for some years back has acted as Santa Clause at Christmastime.

At Battle Creek the Congressman is Mr. Paul Shafer, who conducts regular visits there and sees that folks are taken care of.

The CHAIRMAN. Let me have the attention of the committee for a moment.

You passed this morning a resolution. This witness came back, and it seems that you said you wanted photostatic copies of those items.

Now, it will take several days, I am informed, to get those photostats.

Now, when do you want this gentleman here?

Mr. SCRIVNER. My recollection is the last time he was here that he said he had some assignment that would take him a couple of weeks, and I thought that would give us an opportunity to get to those.

I would like to go over the whole 37 articles. If we do not have the copies I do not see how anyone can question him.

The CHAIRMAN. Then you want to wait?

Mr. SCRIVNER. Yes; I think so. That would give him an opportunity to complete his assignment, and that will give us an opportunity to read the 37 copies.

Mr. RAMEY. There is a statement that I confirm about the hospital. A man went to Dayton and then Chillicothe. I would really have to make that in confidence, because I have not run down the report.

And I will state my reason for it; the veteran who went there was practically done for, and since he has been cured he has reached such a high place in society I would be willing to state his name to the members and say I made an investigation, but I do not think that person's name should go to the public. He is a veteran who has been cured, and he has now a very high position in the country.

The CHAIRMAN. We are trying to help them all we can, and I appreciate the situation.

Mr. RAMEY. I am willing, and I think this case the committee perhaps should know, but it is a man who formerly had slipped a little. He is cured, and since he has been cured he has a very high position in our country.

The CHAIRMAN. He is not on the Federal pay roll, is he?

Mr. RAMEY. No; but he is on a State pay roll, a very high position.

Mrs. ROGERS. I do not think we ought to be told his name.

Mr. SCRIVNER. I think if the judge wants to tell us later in executive session—

Mr. RAMEY. It is an unusual case. The man has an outstanding public position.

The CHAIRMAN. Here is the difference between our hospital system and the State hospital system. When a man goes to a hospital in the State he is known and cannot get out from under it, but if he goes to a veterans' hospital and comes home he does not have that stigma.

I do not want to do anything that will hurt anyone that has recovered.

Mr. RAMEY. Well, this man was sent to an NP hospital. He was considered gone. At the present time he is not only cured but he occupies a State position where he has about 30 or 40 under his charge and is handling it. That is why I did not want to hurt the man.

The CHAIRMAN. As far as I am concerned, you may withhold the name and give the facts to the committee.

Mrs. ROGERS. It is not fair to maybe inadvertently ruin that man's life.

The CHAIRMAN. I think it would be unfair.

Mr. RAMEY. Yes.

At another hospital there was a case where an attendant jumped on a man.

The manager has cooperated, a Federal grand jury has indicted him, he has been tried in the United States district court, and convicted.

He is not in prison yet, but I understand that he has been found guilty and has carried his case to the court of appeals.

The CHAIRMAN. Off the record.

(Discussion off the record.)

Mr. McQUEEN. Judge, these menus for Dayton—will you put those in the record?

Mr. RAMEY. Yes.

Mr. McQUEEN. Here are the Dayton reports. I took them off of there.

Mr. RAMEY. You want the menu. And do you want me to give these reports right with the record?

Mr. McQUEEN. Well, do you want to put these reports in the record as they are? And put them in as they stand?

Mr. RAMEY. Whichever way is more convenient to you, Mr. Attorney.

Mr. McQUEEN. Well, if you desire these records of yours to go in in this fashion, I will put them in; or if you desire to summarize it—

Mr. RAMEY. I can summarize it and put these exhibits in; and then this about the witnesses, I might say that is the testimony given me.

Mr. McQUEEN. All right. If you will summarize them and put them in the form you want.

Mr. RAMEY. Off the record.

(Discussion off the record.)

Mr. RAMEY. That is testimony I would like to add to this.

The CHAIRMAN. Without objection, so ordered.

(The documents referred to follow:)

JUNE 18, 1945.

Since this testimony I have received several letters from Dayton, Ohio, which I have turned over to our counsel, Mr. McQueen, and the attorney for the Veterans' Administration also.

Three veterans of World War II have talked to Ann Gray, the State Treasurer of the Auxilliary of the American Legion, stating:

One said, "Over there we were used excellent, over here we are treated like animals."

Another said "They just shove us around here." I have been to Ohio this week end also have contacted Mrs. Gray, but the veterans refuse to testify to the statements and do not wish their names used.

Another complained by letter, "They use us as dogs." Signed, A Veteran, World War II.

I could not find verification of these complaints and the patients I contacted deny abuse or ill treatment.

The State commander of Veterans of Foreign Wars according to press reports has inspected the hospital and denies them.

In view of the fact that the two who complain will not testify and one is unsigned I do not believe Mr. Ale of Dayton should be subpoenaed at this time. I have never stated that veteran patients at the Dayton hospital have been treated like dogs and my personal observations have been to the contrary. What complaints I have received I have presented to the committee and those interested.

HOMER A. RAMEY, M. C.

DAYTON, OHIO, April 16, 1945.

Hon. JOHN E. RANKIN,

*Chairman, World War Veterans Committee,
House of Representatives, Washington, D. C.*

MY DEAR CHAIRMAN RANKIN: This is my second visit to this Veterans' Administration hospital at Dayton, Ohio, in compliance with your request under authority vested in you by virtue of House Resolution 192, Seventy-ninth Congress.

As you have been informed by this time, this seems to be the hospital which has received so much undesirable publicity and about which so much controversy has been created. In my first visit to Dayton, I went through this hospital as a citizen and a taxpayer and talked to everyone I could find who would even gossip about the institution in order to learn the truth. When I returned last evening I came immediately to the hospital and asked to visit all the wards in order that I could see all the veterans in bed as well as talk to the nurses and attendants on the night shifts. It is not my purpose to go into detail as I will likely be in Washington before this reaches you inasmuch as I have a plane reservation this afternoon. However, I want to officially relate some observations and relate them in order.

1. The stories about mistreatment that I have run down are untrue—however, there is a woeful lack of complete care in view of the fact that it is impossible to get sufficient help. I am happy to say, however, that physicians here are the best of any of the Veterans' Administration facilities I have visited, especially the surgeons. No one suffers from lack of meeting of proper medical skill, both from the standpoint of medicine and surgery. On the other hand, there should be at least 100 more nurses. I believe I would say more than that as there is only one nurse on each ward floor at night and in spite of the fact that she is properly protected by the best attendants they could secure under the circumstances, there should be at least five instead of one.

2. The attendant situation here is partly relieved by the hiring of colored lady attendants. However, this hospital should have the same personnel as other hospitals. The attendants should all be male, and veterans, and the pay should be sufficient to make it an attractive career. This is one thing I wish to take up in committee, the problem of your attendants is your problem everywhere.

3. Couldn't we call the attendants either associates or medical technicians and make it a career? Give them good pay and make them "big brothers" to the veteran patients, and until this can be worked out, let us send Army men who cannot go overseas or some WAVES and WAC's to these veterans' hospitals to supply this lack which is almost a tragedy.

4. I have talked to several regular visitors at this institution, including Anna Gray, of the State American Legion Auxiliary, who reports that things are run as well as is possible with the opportunity that the manager has. Mrs. Gray's husband is a technician in a veterans' hospital in England now, where you can draft your doctors and all help, and he reports to her that they do not have complete service even there and that he has received these articles in some of the magazines and feels they are woefully unwarranted.

After talking with Mrs. Gray and Mrs. Frazee, hospital aides from the American Legion Auxiliary, as well as to about 30 relatives of patients, I might say that the only serious charge that has been made that was verified was from Mr. Hopkins, the commandant at the Spanish War Veterans' Home at Xenia, who stated that colored and white veterans were both housed in the same ward in beds side by side, which might create a riot at some time. I personally visited these wards and found that those who were colored were placed on one side of the ward and those who were white placed on the other and there seems to be no friction. The manager has an unusual problem due to the fact that if he doesn't do this he is accused of race discrimination, and if he does allow them placed in the same ward he is likewise accused of not protecting the sacred rights of the patients. No patients are complaining, but relatives of patients did seriously complain. It does seem to me that after this war that in all these hospitals each veteran should be entitled to a private room with bath and do away with wards. Veterans deserve that.

5. This morning I visited both the Catholic and Protestant chapels. The Catholic services were well attended and the Protestant service fairly well attended. There was a good religious atmosphere at both chapels, the men were very devout, and all of those who are employed here who attended the services at either of the chapels were also devout.

6. The concessionaire does not overcharge. There is, however, a charge of 10 cents for cashing checks of over \$5. This charge is to cover, in part at least, the cost of the service, which includes insurance on the money involved which runs as high as \$80,000 a day on pension pay days.

7. I just wonder if my search hasn't been thorough enough because I can really find nothing for which you can blame the manager of any hospital, or those in charge. They seem to be doing everything they can with what they have to do with.

Very truly yours,

HOMER A. RAMEY.

*Partial list of vacancies, as of Apr. 14, 1945, at Veterans' Administration Facility,
Dayton, Ohio*

	Positions authorized	On duty	Positions vacant
Clerical (total for station)	258	173	85
Hospital attendants	180	162	20
Utilities division	127	108	19
Nurses	2 125	80	45

¹ In addition 50 limited service Army enlisted men are assigned to duty on the hospital attendant level.

² In addition there are 8 nursing assistants.

VETERANS' ADMINISTRATION FACILITY, DAYTON, OHIO

PROTESTANT CHAPEL

DANIEL L. MYERS, CHAPLAIN

Sunday, April 15, 1945, 10 a. m.

Organ prelude	Walter S. Allen
Praise God From Whom All Blessings Flow	Standing
Invocation	Closing with the Lord's Prayer
Tenor solo: Open the Gates of the Temple	Mrs. Knopp
Responsive reading	Selection 451
Hymn: Praise Him! Praise Him!	19
Scripture reading	Ex 4: 1-17
Alto solo: The Ninety and Nine	Campion
Prayer	
Hymn: Wonderful Words of Life	121
Sermon: What Is That In Thine Hand?	Ex. 4: 4; I Cor. 1: 27
Hymn: I'll Live for Him	153

Benediction

The subject for next Wednesday evening is The Ascension. The service, as usual, is held at 7 o'clock.

CATHOLIC CHAPEL

Mass and devotions are held every morning at the chapel. On Sunday three masses are held, two at the chapel, and one at the hospital. Distribution of Holy Communion is held at the chapel every morning and at the hospital frequently.

All services, both Catholic and Protestant are broadcast over the station communication system.

Both chaplains visit patients in the hospital daily and are subject to call at any time, day or night.

Regular diet menu, week of February 1-7, 1945, Dayton, Ohio

Breakfast:

Fresh apples.
Cornflakes.
Fried eggs and bacon.
Toast, butter.
Coffee, milk.

Dinner:

Barbecue spare ribs.
Mashed potatoes.
Baked sauerkraut.
Carrot relish.
Apple cheese crisp.
Bread, butter.
Coffee, milk.

Supper:

Bologna.
Hash brown potatoes.
Green vegetable salad (with french dressing).
Fresh grapes.
Prune coffee cake.
Bread, butter.
Coffee, milk.

FEBRUARY 2, 1945

Breakfast:

Fresh grapefruit.
Wholewheat meal.
Soft-cooked eggs.
Toast, butter.
Coffee, milk.

Dinner:

Fillet haddock, with tartare sauce.
Au gratin potatoes.
Stewed tomatoes.
Cottage pudding.
Chocolate sauce.
Bread, butter.
Coffee, milk.

Supper:

Cream onion soup with crackers.
Toasted cheese sandwiches.
Dill pickles.
Cabbage and pineapple salad.
Steamed plum pudding with sterling sauce.
Bread, butter.
Coffee, milk.

FEBRUARY 3, 1945

Breakfast:

Chilled oranges.
Cream cereal with raisins.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Corned beef, horseradish.
Relish.
Boiled potatoes.
Buttered cabbage.
Fruited jelly with custard sauce.
Bread, butter.
Coffee, milk.

Supper:

Chow mein over fried noodles.
Steamed rice.
Lettuce with Russian dressing.
Peach pie.
Bread, butter.
Coffee, milk.

FEBRUARY 4, 1945

Breakfast:

Fruit compote.
Rice Krispies.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Regular diet menu, week of February 1-7, 1945, Dayton, Ohio—Continued

FEBRUARY 4, 1945—continued

Dinner:

Roast beef, gravy.
Oven brown potatoes.
Creamed carrots.
Celery hearts.
Ice cream with pineapple sauce.
Rye bread, butter.
Coffee, milk.

Supper:

Corn chowder, crackers.
Cheese fondue.
Waldorf salad.
Raisin and oatmeal cookies.
Bread, butter.
Coffee, milk.

FEBRUARY 5, 1945

Breakfast:

Stewed apricots.
Cornmeal.
Soft-cooked eggs.
Toast, butter.
Coffee, milk.

Dinner:

Salisbury steak, gravy.
Mashed potatoes.
Stewed tomatoes.
Celery relish.
Chocolate blanc mange.
Bread, butter.
Coffee, milk.

Supper:

Baked lima beans with tomato sauce.
Combination salad.
Fruit cup.
Molasses cookies.
Bread, butter.
Coffee, Milk.

FEBRUARY 6, 1945

Breakfast:

Chilled blue plums.
Cornflakes.
Fried eggs and bacon.
Toast, butter.
Coffee, milk.

FEBRUARY 6, 1945—continued

Dinner:

Beef pie with hot biscuits.
Buttered noodles.
Pickled beet salad.
Cocoanut custard.
Bread, butter.
Coffee, milk.

Supper:

Spanish omelet.
French fried potatoes.
Cottage cheese and green pepper salad.
Jelly roll.
Bread, butter.
Coffee, milk.

FEBRUARY 7, 1945

Breakfast:

Fresh grapes.
Rolled oats.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Pork chops, gravy.
Mashed potatoes.
Spiced applesauce.
Glazed parsnips.
Bread pudding.
Bread, butter.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Creamed frizzled chipped beef on toast points.
Head lettuce with thousand island dressing.
Bread, butter.
Cherry pie.
Coffee, milk.

Regular diet menu, week of February 8-14, 1945, Dayton, Ohio

FEBRUARY 8, 1945

Breakfast:

Tomato juice.
Cream of wheat.
Sausage patties.
Raisin bread toast, butter.
Coffee, milk.

Dinner:

Baked ham with raisin sauce.
Scalloped potatoes.
Buttered rutabagas.
Gingerbread, lemon sauce.
Bread, butter.
Coffee, milk.

FEBRUARY 8, 1945—continued

Supper:

Potato chowder, crackers.
Sliced meat, gravy.
Steamed rice.
Cole slaw.
Maple blanc mange.
Bread, butter.
Coffee, milk.

Regular diet menu, week of February 8-14, 1945, Dayton, Ohio—Continued

FEBRUARY 9, 1945

Breakfast :

Grapefruit halves.
 Bran flakes.
 Hot cakes with sirup.
 Toast, butter.
 Coffee, milk.

Dinner :

Fillet haddock with tartar sauce.
 Mashed potatoes.
 Spinach and tomato with french dressing.
 Peach cobbler.
 Bread, butter.
 Coffee, milk.

Supper :

Chilled salmon with lemon.
 Creamed potatoes.
 Celery cabbage with French dressing.
 Chocolate cake with chocolate icing.
 Bread, butter.
 Coffee, milk.

FEBRUARY 10, 1945

Breakfast :

Fresh grapes.
 Wholewheat meal.
 Fried eggs.
 Toast, butter.
 Coffee, milk.

Dinner :

Spare ribs.
 Parsley, buttered potatoes.
 Baked sauerkraut.
 Fruit Betty with orange sauce.
 Bread, butter.
 Coffee, milk.

Supper :

Corned beef hash.
 Buttered carrots.
 Apple and cabbage salad.
 Mince pie.
 Bread, butter.
 Coffee, milk.

FEBRUARY 11, 1945

Breakfast :

Chilled oranges.
 Grape Nuts.
 Bacon.
 Toast, butter.
 Coffee, milk.

Dinner :

Creamed chicken.
 Mashed potatoes.
 Stewed corn.
 Celery hearts.
 Ice cream with butterscotch sauce.
 Bread, butter.
 Coffee, milk.

FEBRUARY 11, 1945—continued

Supper :

Steamed frankfurters.
 Boston baked beans.
 Chef's salad.
 Chilled cherries.
 Frankfurter rolls, butter.
 Coffee, milk.

FEBRUARY 12, 1945

Breakfast :

Chilled figs.
 Rolled oats.
 Soft-cooked eggs.
 Toast, butter.
 Coffee, milk.

Dinner :

Boiled beef with horseradish.
 Buttered noodles.
 Buttered carrots and peas.
 Creamy rice pudding.
 Bread, butter.
 Coffee, milk.

Supper :

Beef broth with rice, crackers.
 Baked macaroni and cheese.
 Green vegetable salad.
 Chilled fruit cup.
 Whole wheat rolls, butter.
 Apple butter.
 Coffee, milk.

FEBRUARY 13, 1945

Breakfast :

Tomato juice.
 Bran flakes.
 Scrambled eggs with chipped beef.
 Toast, butter.
 Coffee, milk.

Dinner :

Fried ham steaks, country gravy.
 Mashed potatoes.
 Buttered cabbage.
 Norwegian prune pudding.
 Bread, butter.
 Coffee, milk.

Supper :

Split pea soup, crackers.
 Creamed eggs on toast points.
 Baked potatoes.
 Carrot strips, dill pickle.
 Apple pie.
 Bread, butter.
 Coffee, milk.

FEBRUARY 14, 1945

Breakfast :

Chilled oranges.
 Whole-wheat meal.
 Fried eggs, bacon.
 Cinnamon rolls.
 Toast, butter.
 Coffee, milk.

Regular diet menu, week of February 8-14, 1945, Dayton, Ohio—Continued

FEBRUARY 14, 1945—continued

Dinner :

Broiled liver.
 French fried onions.
 Parsley buttered potatoes.
 Whipped mashed rutabagas.
 Mocha soufflé.
 Bread, butter.
 Coffee, milk.

FEBRUARY 14, 1945—continued

Supper :

Spaghetti with meat balls.
 Scalloped spinach.
 Peach and coconut salad on chicory.
 Sugar cookies.
 Bread, butter.
 Coffee, milk.

Regular-diet menu, week of February 15-21, 1945, Dayton, Ohio

FEBRUARY 15, 1945

Breakfast :

Chilled grapefruit.
 Corn flakes.
 Hot cakes, sirup.
 Toast, butter.
 Coffee, milk.

Dinner :

Baked spare ribs.
 Steamed potatoes.
 Buttered string beans.
 Steamed chocolate pudding with
 vanilla sauce.
 Rye break, butter.
 Coffee, milk.

Supper :

Fried bologna.
 Hash brown potatoes.
 Spring salad with french dressing
 Corn bread, butter.
 Fresh grapes.
 Coffee, milk.

FEBRUARY 16, 1945

Breakfast :

Fresh apples.
 Cream of wheat with raisins.
 Fried eggs.
 Toast, butter.
 Coffee, milk.

Dinner :

Vegetable chowder, croutons.
 Egg croquette with tomato sauce.
 Mashed potatoes.
 Chef's salad.
 Maple ice cream.
 Bread, butter.
 Coffee, milk.

Supper :

Tuna fish salad, sour pickles.
 Cream parsley potatoes.
 Tomato aspic salad on spinach.
 Sugared doughnuts.
 Bread, butter.
 Coffee, milk.

FEBRUARY 17, 1945

Breakfast :

Stewed prunes with lemon.
 Rice Krispies.
 Bacon.
 Toast, butter.
 Coffee, milk.

Dinner :

Lamb stew with vegetables.
 Mashed potatoes.
 Pickled beet and onion salad.
 Pumpkin pie.
 Hot biscuit, butter.
 Coffee, milk.

Supper :

Grilled hamburger with catsup.
 American fried potatoes.
 Hot slaw.
 Chilled purple plums.
 Hamburger rolls, butter.
 Bread, butter.
 Coffee, milk.

FEBRUARY 18, 1945

Breakfast :

Grapefruit halves.
 Steamed rice.
 Soft cooked eggs.
 Toast, butter.
 Coffee, milk.

Dinner :

Broiled steak, pan gravy.
 Potatoes au gratin.
 Broccoli, hollandaise sauce.
 Ice cream, pineapple sauce.
 Bread, butter.
 Coffee, milk.

Supper :

Vegetable soup, crackers.
 Sandwiches and pickles.
 Green salad bowl.
 Lemon grapenut pudding.
 Bread, butter.
 Coffee, milk.

Regular diet menu, week of February 15-21, 1945, Dayton, Ohio—Continued

FEBRUARY 19, 1945

FEBRUARY 20, 1945—continued

Breakfast :

Chilled grapefruit.
 Bran flakes.
 Scrambled eggs.
 Toast, butter.
 Coffee, milk.

Dinner :

Ham loaf, gravy.
 Celery heart, sliced dills.
 Baked potatoes.
 Stewed tomatoes.
 Apple cheese krisp with lemon sauce.
 Bread, butter.
 Coffee, milk.

Supper :

Vegetable soup, crackers.
 Chile con carne.
 Carrot and cabbage salad.
 Chocolate blanc mange.
 Bread, butter.
 Coffee, milk.

FEBRUARY 20, 1945

Breakfast :

Tomato juice.
 Rice Krispies.
 Hot cakes with sirup.
 Toast, butter.
 Coffee, milk.

Dinner :

Swiss steak, gravy.
 Oven-browned potatoes.
 Creamed onions.
 Fresh vegetable relish.
 Pineapple cobbler.
 Bread, butter.
 Coffee, milk.

Supper :

Hot roast-beef sandwiches, gravy.
 Mashed potatoes.
 Fruit salad on spinach with cottage cheese.
 Raisin oatmeal cookies.
 Bread, butter.
 Coffee, milk.

FEBRUARY 21, 1945

Breakfast :

Chilled Italian prunes.
 Rolled oats.
 Soft-cooked eggs.
 Toast, butter.
 Coffee, milk.

Dinner :

Corned beef with horseradish sauce.
 Steamed potatoes.
 Buttered wax beans.
 Ice cream with marshmallow sauce.
 Bread, butter.
 Coffee, milk.

Supper :

Sausage patties.
 Mashed sweetpotatoes.
 Head lettuce with Russian dressing.
 Chilled grapes.
 Bread, butter.
 Coffee, milk.

Regular diet menu, week of February 22-28, 1945, Dayton, Ohio

FEBRUARY 22, 1945

FEBRUARY 23, 1945

Breakfast :

Chilled oranges.
 Cream of Wheat.
 Fried eggs with bacon.
 Toast, butter.
 Coffee, milk.

Dinner :

Chicken a la king.
 Steamed rice.
 Glazed carrots.
 Celery hearts.
 Cherry pie.
 Bread, butter.
 Coffee, milk.

Supper :

Chicken soup, crackers.
 Frankfurters.
 Potatoes au gratin.
 Cole slaw.
 Apple sauce, graham crackers.
 Bread, butter.
 Coffee, milk.

Breakfast :

Chilled grapefruit.
 Grapenuts.
 French toast, sirup.
 Bread, butter.
 Coffee, milk.

Dinner :

Filet haddock with tartar sauce.
 Parsley buttered potatoes.
 Scalloped spinach.
 Lemon rice pudding.
 Rye rolls, butter.
 Coffee, milk.

Supper :

Blackeyed bean soup, crackers.
 Cheese souffle.
 Fresh spinach and tomato salad with french dressing.
 Steamed raisin puff with orange sauce.
 Bread, butter.
 Coffee, milk.

Regular diet menu, week of February 22-28, 1945, Dayton, Ohio—Continued

FEBRUARY 24, 1945

Breakfast:

Fruit compote.
Wholewheat meal.
Scrambled eggs with ham.
Toast, butter.
Coffee, milk.

Dinner:

Roast lamb, gravy.
Browned potatoes.
Buttered cabbage.
Celery relish.
Cherry jello with custard sauce.
Bread, butter.
Coffee, milk.

Supper:

Hot sliced tongue.
Creamed potatoes.
Chow-chow.
Green beans salad with onion slice.
Apple pie.
Bread, butter.
Coffee, milk.

FEBRUARY 25, 1945

Breakfast:

Fresh apples.
Cream of Wheat.
Bacon.
Coffee cake.
Toast, butter.
Coffee, milk.

Dinner:

Roast pork, gravy.
Spiced pineapple rings.
Mashed potatoes.
Harvard beets.
Ice cream with creamery apricot sauce.
Bread, butter.
Coffee, milk.

Supper:

Corn chowder, crackers.
Salmon salad, dill pickles
French fried potatoes.
Chilled fruit cup.
Bread, butter.
Coffee, milk.

FEBRUARY 26, 1945

Breakfast:

Stewed prunes.
Wholewheat meal.
Fried eggs.
Toast, butter.
Coffee, milk.

FEBRUARY 26, 1945—continued

Dinner:

Roast beef, gravy.
Oven brown potatoes.
Buttered peas and celery.
Pickle relish.
Fruit brown betty with orange sauce.
Bread, butter.
Coffee, milk.

Supper:

Cream onion soup, crackers.
Spanish omelet.
Buttered string beans.
Raisin rice pudding.
Bread, butter.
Coffee, milk.

FEBRUARY 27, 1945

Breakfast:

Chilled oranges.
Conflakes.
French toast, sirup.
Toast, butter.
Coffee, milk.

Dinner:

Spit pea soup, croutons.
Baked ham with raisin sauce.
Creamed potatoes.
Green vegetable salad with french dressing.
Baked grapenut pudding.
Bread, butter.
Coffee, milk.

Supper:

Chow mein on buttered noodles.
Head lettuce with Russian dressing.
Apricot pie.
Bread, butter.
Coffee, milk.

FEBRUARY 28, 1945

Breakfast:

Fresh grapes.
Cream of wheat.
Bacon.
Bread, butter.
Coffee, milk.

Dinner:

Barbecue spare ribs.
Boiled potatoes.
Baked sauerkraut.
Ice cream with cherry sauce.
Whole-wheat rolls, butter.
Coffee, milk.

Supper:

Bologna with catsup.
Boston baked beans.
Celery cabbage, French dressing.
Molasses cookies.
Bread, butter.
Coffee, milk.

MARCH 31, 1945.

Hon. JOHN E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,
Old House Office Building, Washington, D. C.*

MY DEAR MR. RANKIN: Pursuant to your request of March 29, 1945, under authority vested in you by House Resolution 192, Seventy-ninth Congress, I am now on my itinerary as a one-man committee to visit, inspect, and investigate veterans' hospitals and facilities. I have just completed that work at the Veterans' Administration facility, Roanoke, Va.

In accordance with your suggestion in committee, and the sense of the World War Veterans' Committee, I came to this hospital unannounced. I arrived at high noon and asked to go to the dining room and eat with the veterans, making a special request to be unannounced and eat the same food that the patients were eating and have exactly the same service.

I am most happy to report that the food was scrupulously clean, well prepared, and the meal was much better than one could buy at a subsidized restaurant in either the Senate or House Office Building, which Members of Congress eat.

Every veteran had the opportunity to ask for additional helpings—all they wanted. The meal today consisted of spareribs, nice meaty ones, with tomato sauce dressing, fresh mashed potatoes, (not soggy), a splendid salad, well prepared, and the choice of beverages—either cream, milk, tea, or coffee. The dessert was tapioca pudding, which was delicious.

I visited all of the kitchens where the food was prepared. Everything was sterilized and was scrupulously clean, and I then watched the steam cleaning of all the dishes as well as eating utensils, and the sterilization is better than I find our general hospitals in Ohio and Michigan.

There was a feeling of mutual respect in the dining room and no veteran was restrained from complete freedom of conversation or from locomotion. In the dining room, as well as throughout the grounds, all are allowed to go where they please and when they please as long as the proper respect is shown for the rights of others.

I visited the wards where I had an opportunity to talk with the veterans—and I did talk to some—and there were no complaints whatsoever.

Sanitary conditions are excellent.

A great deal of the food is raised and the storage places for the meats, as well as vegetables, are cleanly and there is an abundance.

Patients having nervous and mental disorders are admitted direct to the admission ward at this hospital, except patients who are in need of emergency medical or surgical attention. This type of patients is admitted direct to the medical and surgical service.

Patients remain on the admission ward for a few days and are then classified and assigned to other departments equipped to provide the care and treatment which they will require. The sequence of treatments given to patients admitted to this hospital is—

- (1) Medical and surgical emergency.

- (2) Acutely disturbed and suicidal patients.

- (3) Patients needing routine neuropsychiatric medical attention and nursing care.

The admission service is in charge of a medical officer who is designated as the chief, general clinical and reception service, which also includes the out-patient department. At the present time the out-patient department is functioning with three medical officers who provide out-patient examinations and treatment for veterans who apply for and are eligible for the same.

This department is expanding and the number of applicants applying for out-patient treatments will increase.

I want to emphasize my visit to the acute ward. This department consists of hydrotherapy—neutral packs and continuous flow tubs. I found only four patients who had to be under restraint, in chairs, which is the necessary restraint but they were in no way shackled and in no way under punishment; the cuffs were to prevent patients who were violent from harming themselves or others. At least 80 percent of the patients on the acute service at the present time and under the appropriate treatment, consisting of hydrotherapy and other approved methods, will improve to where they can be removed to a quiet ward, later given ground parole, or permitted to go on trial visit.

I feel that the cleanliness, as well as the attendants' work in this neuropsychiatric institution compares favorably to private institutions I have visited that give this same treatment and the two private institutions I have visited and seen this are Battle Creek, under charge of Dr. John Harvey Kellogg, at that time, and the Nipes Sanatorium, Rome City, Ind., where patients waded in pools outdoors and were given water treatment inside and I would say this is more sensible than even Nipes Sanatorium, where the patients paid unusually high fees. Of course, the patients at these sanatoriums were private patients but they were treated no better than they are at this hospital.

I cannot compare the food situation, of course, with Battle Creek, as the committee understands that was a Seventh Day Advent sanatorium where restrictions were issued because of religious rights, as well as Bernarr McFadden diets.

Of the patients out of each 100 who come here approximately in excess of 90 percent are returned to their own homes and customary activities.

There have been but two suicides in this hospital since the opening in April 1935, and since that date there have been 8,480 patients admitted.

There is one attendant to each six patients. Of course, it is difficult to get attendants at the prevailing wage; however, the situation here is not bad and there were approximately only 20 vacancies in this group.

As to the morale of the institution, patients are not allowed to go to the city unaccompanied, in view of the fact that a great many of the patients are inclined to find liquor and women of easy virtue. One quasi house of prostitution was broken up by the manager a short time ago.

There has been practically no effort to get sedatives or morphine by stealth, as well as barbiturates, which covers nemutal, luminal, et cetera. Patients who are disturbed and unable to sleep at night are provided hydrotherapy treatment. At this hospital the hydrotherapy department is run full capacity 6 days weekly. There are no patients on the acute service at this time who are receiving barbiturates or chemical sedation in any form.

The nurses are dignified, stately, yet at the same time, courteous, knowing full well how to protect themselves from the patients who get fresh. The ratio of attendants is such that they watch the patients closely for any acts of sexual perversion.

Visitors, relatives, dear ones, who visit the patients are accorded every courtesy and, contrary to some gossip, no visitors have been laughed at—neither has there been any wise-cracking or any kind of laughing at visitors who might be peculiar. The manager informs me that his business is to salvage broken and maimed humanity and, for that reason, he permits no joking or levity between employees and patients.

I visited the farms and the pure-bred Hampshire hogs. The herd averages about 450. I find these are conducted in a manner much better than the average farms we find. Everything was scrupulously clean and the animals well fed. Change of boars and bullocks with other institutions has been made so that there is no inbreeding and, as stated before, meat is perfectly taken care of.

The landscaping is perfect. Here the patients may roam, and the color scheme of the planting is conducive to a love of the beautiful, so that one does return to his normal activities with a much higher viewpoint as to life.

There are two chapels—Protestant and Catholic. Patients may worship in any manner they choose and no one is compelled to go to church or to remain away from church. Any patient may talk to his religious adviser but is not forced to. There is freedom of that.

Every patient may have whatever newspapers or magazines he wishes with the exception, of course, of lewd pictures or literature. Indigent patients are furnished these, as well as all other creature comforts.

Also, there is a concessionaire where the patients may buy any extra luxuries they choose and they are not overcharged and, in some instances, the prices are lower than the established price in the community. They may also get everything they wish in the way of magazines, or reading matter, and this is in addition to the many newspapers, magazines, periodicals, and books which are regularly subscribed to and which are available in the library at all times for the patients who may go there. The librarian delivers newspapers, magazines, periodicals, and books to patients on the wards in her circulating library, which is transported by a small truck.

In conclusion, I might add that this is the only Veterans' Administration hospital which was dedicated by His Excellency Franklin Delano Roosevelt, President of the United States. This occurred on October 19, 1934. Everyone

at this hospital has a profound respect for the Chief Executive, as well as the country, and is proud of that.

This is strictly a veterans' hospital and the veteran is considered first. It is not an institution that is run for the people in charge here. Their first thought is for the veteran. The Congressman from this district is the Hon. Clifton A. Woodrum, whom we all know very well, and the local Congressman makes visits here quite often and is thoroughly interested.

Prior to coming to the hospital, I visited at the Hotel Roanoke, union station, and barber shop, as well as several places where I could "gossip" and did not let them know who I was. All were proud of the veterans' hospital here. I have been shown no more courtesy than any other citizen: every visitor is treated all right. I noticed three or four visitors who came to see patients and they were treated with just as much courtesy as I, even after they found out who I was and that I was on this committee. Before going to the administrative office I was in the front office and saw several ladies and they did not know who I was. I asked questions and they were dignified, yet courteous. In fact, I acted a little bit like a "boob" to see if I might get laughed at, or something of that sort. I was treated with just as much respect before they knew I was on this committee as after they knew it.

I am most happy to bring this report concerning everything here. My examination has been more than cursory—it has been complete.

Sincerely yours,

HOMER A. RAMEY,
Member of Congress.

MARCH 24, 1945.

Gen. FRANK T. HINES.

*Administrator, Veterans' Administration,
Washington, D. C.*

MY DEAR GENERAL HINES: I have the honor to acknowledge your letter dated March 8, 1945, with reference to the article appearing in the *Cosmopolitan* for the month of March, and the following report is submitted:

All members of the medical staff are graduates of class A medical schools and have had training in the specialty of neuropsychiatry, in addition to training in other fields of medicine—such as surgery; eye, ear, nose and throat, et cetera. Each and every one is conscientious, cares for his patients as if they were in private practice, and all of the staff are perfectly willing—and often do—give more of their time to the care and treatment of their patients than is actually required by the prescribed hours.

All members of the nursing staff are graduate nurses of recognized nursing training schools and have either had training or been given training in neuropsychiatric nursing at this facility. They, too, are very conscientious, interested in their patients, and anxious to do everything possible for the care and treatment of patients at this facility. They, also, willingly work overtime when the occasion arises.

It is the unanimous opinion of the medical and nursing staff and myself that first-rate medicine is being practiced for first-rate men at this facility.

The medical department of this facility has increased enormously since January 1944, as is shown by the following figures:

The patient population in January 1944 was 1,330, with 66 regular admissions, 25 of which were general medical and surgical cases. Discharges for this month were 78.

The patient population in January 1945 was 1,550, with 166 admissions, 50 of which were general medical and surgical cases. Discharges for this month were 102.

There are 13 ward surgeons and 4 chiefs of service treating in-patients at this facility. Figuring on a basis of the present patient population of 1,572—and if all doctors are on duty—this would give each patient 4 minutes of a doctor's time per day; 24 minutes per week; and 96 minutes per month.

There are 45 nurses on duty at this facility, with 5 vacancies. The nursing service is on a high standard and there has been no complaint from the patients or relatives as to treatment by the nursing staff.

The major surgery at this facility is performed by two reputable local surgeons, assisted by the members of the staff, and after-care of the patients is also given by the members of the staff.

It is believed that the morale of the patients at this facility is above the average with that of any Veterans' Administration facility in the United States.

It is further desired to call to the attention of the Administrator that, due to the increase in the number of admissions of World War II veterans, it is estimated that visitors have increased approximately 400 percent in the past year. Naturally, practically all visitors desire to, and do, consult with the various members of the staff in regard to the patients.

The admissions and discharges for the calendar year 1944, and for January and February 1945, follow:

	Admissions	Discharges
January and February 1945:		
Neuropsychiatric.....	243	148
General medical and surgical.....	86	78
Transferred from other facilities.....	22	
Returned from trial visits and elopements.....	26	
Transferred to other facilities.....		10
Deaths.....		8
Eloped and granted trial visits.....		52
Total.....	377	296
Calendar year 1944:		
Neuropsychiatric.....	1,245	830
General medical and surgical.....	353	331
Transferred from other facilities.....	151	
Returned from trial visits and elopements.....	168	
Transferred to other facilities.....		78
Deaths.....		99
Eloped and granted trial visits.....		439
Total.....	1,917	1,777

The problems of disabled veterans and the Veterans' Administration are inextricably interwoven. Those of us who are officers of the Veterans' Administration have learned, over the years, that with its usual foresight and energy the Veterans' Administration has developed a splendid program for rehabilitation of the disabled.

Everyone connected with this service is intensely interested in the well-being of the patients assigned to his care. They realize fully their desperate physical condition and it is their desire to render every assistance that can be given. They also realize that these patients are more and more in need of physical aid and sympathy and they do not allow their sensibilities to suffering to lose anything of keenness.

As the years go by which separate us from World War I the patients are showing more and more critical conditions which demand greater care and attention to alleviate their sufferings. The doctors serve during regular hours, but often they are called at night to visit a sick veteran.

Of all the human endeavors, be they in the field of invention, economics, or art, unquestionably the study of alleviating pain, restoring health, and conserving life is one of the most exalting and important. Civilization would be a sham, progress a mere delusion, had the physician and his most important adjunct, the hospital, in their exalted vocation, lagged behind in their marvelous progress of all the sciences in the past few decades.

The aversion of the veteran toward a hospital, so manifest only a short time ago when hospitalization was considered a thing to be dreaded, has passed and today the modernly constructed and equipped Veterans' Administration hospitals have helped to make hospitals cease to be a "house of horrors." Instead, it has become the safe haven of the sick and disabled.

The physicians, including the consultants of the hospitals, have nothing to do with the rating of disability. Their function lies wholly in the scientific and humanitarian fields. They are anxious to know all the facts, correlate and assemble all of the details categorically and rationalize a logical diagnosis or explanation for the symptoms; then, on the basis of long years of experience, predicate the degree of invalidity and make a prophesy or, as medical men say, "prognosis" as to what will—in all probability—happen in the future.

The physician, after he has made his diagnosis, is concerned in discovering methods which will relieve or cure the individual, which will salvage or return a human unit into the productive channels of society.

The greatest compliment one human being can confer upon another is consummated in the relationship between physician and patient, for does not the patient put his life, his honor, his secrets, his everything, at the command of the physician? The physician may bend under the burden, but he does not weaken, for his creed is "service."

Food in the main and ward dining rooms is served cafeteria style. The patients are able to receive their meals piping hot, and fresh vegetables and fruits are served in season. Citrus fruits are served the year round.

Special bland, liquid, and soft diets, prescribed by physicians, are prepared in the main kitchen and served in the dining rooms on tables reserved for that particular purpose. Special care and supervision is exercised in the preparation and serving of these special diets. Many meals are served to bedridden patients.

Diligent care is exercised and rigid inspection enforced to insure absolute cleanliness of the kitchen and every division in this department. The chief dietitian and her assistants prepare a varied and appetizing menu, within the limits of the food supply. Particular care and supervision is exercised in the preparation of and seasoning of foods and a balanced diet of a wide variety of nourishing foods makes the menu attractive.

The farm and its divisions play a very important part in the preparation of food at this facility. There is maintained a herd of three to five hundred swine and this division furnished all the pork and pork products consumed at this institution.

The gardens produce large supplies of fresh vegetables and good quantities are canned and stored for winter supplies. The farm provides occupational therapy for a large group of patients who enjoy the healthful outdoor exercise.

Occupational therapy, as practiced by the Veterans' Administration, is that form of treatment which includes any occupation, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to, and hastening recovery from, disease or injury, and of assisting in the social and institutional adjustment of individuals requiring long and indefinite periods of hospitalization.

Occupational therapy aims to furnish a scheme of scientifically arranged activities which will give, to any set of muscles or related parts of the body in cases of disease or injury, just the degree of movement and exercise that may be directed by a competent physician or surgeon. Stimulating heart action, respiration, and blood circulation accurately as prescribed, and at the same time it yields some of the joy and satisfaction that wisely selected, wholesome, occupation provides in normal life. It thus takes its place with nursing, medicine and surgery as one of the important departments of medical art.

One of the most significant aims of curative occupations, as set forth in this definition, is embodied in the statement that "it yields some of the joy and satisfaction that wisely selected, wholesome, occupation provides in normal life." In other words, it satisfies, in many cases, that desire to create useful things—to do something.

Except in cases where any sort of activity is contra-indicated by the physical condition of the patient, occupational therapy should be provided for patients throughout the various classifications and subdivisions of the hospital department at this facility, as long as a patient is receiving treatment.

Occupational therapy is employed in all Veterans' Administration mental institutions, whether it be simply in the housekeeping work of cleaning up the wards, making the beds, et cetera, the more laborious work of running the farm and truck garden, or the more formal and frankly therapeutic work of occupational-therapy shops where patients are carefully selected and given such manual work as is compatible with their mental organization, their previous experience, interests, skill, et cetera.

In addition to giving patients a useful occupation upon which their attention may be centered, preventing further introversion and descent into the phantasy life, occupational therapy is a very real assistance in the economics of a mental institution, inasmuch as a great deal of useful sewing, mending and repairing, and farm and landscaping, and other labor work can be done by the patients. Coincidental with the psychotherapy thus accomplished, there is usually an accompanying improvement in the physical well-being, especially in those occupations which may be employed outdoors in the fresh air and sunshine.

It is the first mission of the occupational-therapy department to create a modified normal atmosphere in which the sick man may spend a certain percentage of his time. The normal atmosphere of the average man is that of work activity, the production of something masculine. The best way in which to produce this environment, in which the man is to live until he recuperates, is to use every

possible means to have him cooperate to the extent of helping to produce it himself. This should be the first aim of therapeutic occupation in every case, but many cases may require that this aim be modified in numerous ways to meet the evident need. The average patient upon entering a hospital realizes he is in a hospital and, for reasons which perhaps he does not appreciate, things must be different from those to which he has been accustomed. Various reactions to this realization are observed. Some patients appreciate that there must be a change because they are ill. Others are unable or unwilling to admit that they are ill and may be antagonistic; still others have a feeling of chagrin or become temporarily depressed by their surroundings, et cetera. It was primarily to offset such reactions that occupation was first designed. It was then called "diversional occupation," but a close study of what has been developed will show that therapeutic occupation is much more than that.

The average patient, upon entering a well-organized occupation department,¹⁰ is conscious that he is in an entirely different atmosphere from that of the hospital wards. Here is an active man's world. Here is interesting work to be done. He is expected to do it, can, and usually wants to, do all he will be allowed to undertake, although there are several exceptions to this attitude of the patient toward occupation. Quite naturally, there must be certain modifications of the patient's own inclinations in regard to the quality and quantity of his work, but these modifications may be made so inconspicuous that he scarcely appreciates that they exist. It is because occupation can create a real work world in which the man can live and engage in activities to the extent that he is conscious of the satisfaction of having done an interesting day's work, that occupation can help him gain control of himself again.

One finds patients who have many vague fears; some who fear most of the objects about them will cause them some harm. Some even fear they will be automatically hurt by tools they handle. There are many who must be guarded against self-injury, some who must be watched lest they injure others, while others are simply mischievous. Frequently patients are more or less confused. In addition, patients possess all degrees of coordination which materially augments the difficulty to have them therapeutically occupied.

It is therefore readily seen that occupation for mental and nervous patients must consist of much more than the mere doing of something diversional; being busy is not necessarily therapeutic. Experience has taught us that certain crafts meet a large percentage of occupational needs, while other crafts meet just certain needs. Certain modifications must be made to make them available for the treatment of some patients, and finally certain equipment must be gathered together and arranged within properly constructed shops to make the efficient presentation of the occupational treatment possible. All this presupposes that the worker has a sure foundation in the crafts and a full supply of ingenuity, and a deep insight into the patient's needs, acquired by experience and nourished by sympathetic supervision and cooperation of the physicians.

We of the Veterans' Administration are here endeavoring to present a theory and practice of recreational therapy practicable for the distinctive needs of the mentally ill. In this specific relationship, recreational therapy may be defined as any free, voluntary, and expressive activity, motor, sensory, or mental, vitalized by the expansive play spirit, sustained by deep-rooted pleasurable attitudes and evoked by wholesale emotional release; prescribed by medical authority as an adjuvant in treatment. Experience has shown that a recreational regimen so conceived will provoke a wide diversity of responses of both an active and passive character and, because of its inherent interest and natural motivating forces, a comparatively strong appeal to the therapeutic capacity of the psychotic patient may be attained. An attempt has been made to formulate this material with detailed information and definite procedures so as to enable the therapist to organize, systematize, deputize, supervise, and carry on his daily routine. While, from the nature of the subject, there is theoretical as well as practical matter, the aim has been to reduce the former to a minimum without sacrificing explanatory and informative material.

This work has grown primarily out of the daily experience of the reconstruction officer and his aide in directing a program of recreational therapy for hundreds of psychotic and neurotic patients for many years and from active relationships with the latest developments in the general field of mental rehabilitation. The organization and administration of an effective program presented a problem as distinctive as it is interesting.

It became apparent from experience that any practical therapeutic procedure for the mentally ill must carefully consider the conception of the psychotic individual as deficient in acceptable social conduct. The social concept must occupy a most important place in organization, methods, and content of any effective system of mental rehabilitation. "Nowhere is the question 'sick or not sick' put so often in such an inexorable manner and with such weighty consequences as in the judgment of mental conditions * * * so far as the concept of insanity has become at all practicable, it rests not upon medical or psychological criteria but on the idea of social incapacity." The therapeutic problem is thus, in many, although not all aspects, a problem of social readjustment involving an evaluation of the patient's immediate social capacity and acceptable personal and group adaptations to advance him to higher levels of social striving and understanding.

Evaluation of the patient's personality and therapeutic picture by the psychiatrist provides the basis for the therapeutic attack which, insofar as the patient is subject to psychogenic reactions, must be based upon the fundamental conception of him as a social animal capable of modifiable behavior.

The modern system of therapeutics, in its broad social and physical interrelationships, may effectively advance by aid of the mechanisms of (a) readjustment; (b) reeducation (2); (c) resocialization (3).

Physical therapy directed toward the postponement of senile incapacity and physical deterioration, particularly the retention of normal functioning of the vegetative reflexes, is an economic as well as a social objective worthy of emphasis. Recreational therapy as a conditioning introductory medium through which other forms of treatment may more effectively function is stated by White in these words: "The general scheme is to get the patient in as acceptable condition as possible to which end occupational therapy, amusement, and athletic sports may contribute." As a form of situational therapy in its capacity to assist the patient to form more acceptable personal habits and more socialized intra- and extra-mural readjustments, recreational therapy will very probably develop its greatest possibilities in the modern treatment of the mentally ill.

It is desired to call to the attention of the Administrator that the time spent by the doctors on boards of investigation and giving courses to nurses and attendants is considered time spent for the care and treatment of patients. Since January 1, 1945, 29 boards of investigation have been completed, or are in the process of completion, in order to comply with regulations and procedure. In most instances, this requires the time of two medical officers as well as members of the nursing staff and it is easily ascertained that considerable time of the various members of the medical and nursing staff is consumed in this manner.

When we turn from professional considerations to the neuropsychiatric disorders themselves, we find a problem of very great difficulty. While the curative arts are constantly discovering new measures and medicine for preventing and relieving many of the graver ills of the body, a like agency is coping with the mentally disordered in public and private institutions and in the open life of the community. A vast host of the restrained psychotic and of the unrestrained neurotic afflict themselves, distress their families, trouble the local community, disturb business and professions, and create an enormous economic loss.

Nearly every hospitalized patient means a disturbed and disorganized family. It is obvious to everyone that the committing of a member to a neuropsychiatric hospital much more deeply and seriously disturbs the family and the community than does a temporary absence for bodily ills. The mentally disturbed and un-governed outside the hospitals probably exceed the hospitalized and the ambulatory, because no reliable means of enumeration has yet been discovered. Among the afflicted who are abroad in society and who are almost invariably working mischief in the family and in the neighborhood, we must also include those who are under the care of the advice of physicians—a great number of the queer, the vagrant, the flighty, the incorrigible, the suspicious, the unstable, and the reclusive. All these are social hazards. All are individuals who, because of defective self-direction, self-government, and of unbalanced performance are more or less incapacitated for effective living and for that measure of contribution to society which its members are called upon to make in the well-ordered State or community. From this intermediate zone come many of the more serious and permanent veteran cases who make up the distinctly dangerous classes of society.

We must further observe that the gravity of the problem of human disorder and maladjustment inheres as truly in the complexity of the problem itself as in its personal, social, and economic issues. The problem resolves into a whole series

of part-problems, and these part-problems must be set in array before a deliberate and reasonable attack can anywhere be made.

First appears the part-problem of incidence and extent. An adequate survey would touch upon the number and the variety of the major and minor disorders of hospitalized and unhospitalized patients, of the neurotic and psychotic. This task is undertaken by the Veterans' Administration not only to improve our knowledge but, also, as a means to prophylaxis, catching incipient defects and restoring many abnormal veterans to a fuller measure of social competency instead of permitting a further increase in disability.

The Veterans' Administration today conceives its dominant task as that of providing physical and mental rehabilitation for the disabled ex-serviceman and concurrently answering to the people of the nation for providing this service in a sympathetic, efficient, and economical manner. Preserving this delicate balance of dual responsibility has required the intensive application of common sense to each problem that has arisen in connection with the administration of the law. More adequate facilities for administration have served to meet the demands of good business economy and, at the same time, have enhanced the service to the veteran, whose interests have remained a paramount consideration. It is worthy of note that a background of good will has made the work of the Administration generally effective.

Modern, permanent, hospital facilities have been provided. These facilities have been constructed to conform with the most advanced thought on hospital construction and plans have been developed, with the aid of outstanding specialists in this work. Not only has there been provided admirable equipment to meet modern practice in treatment but, also, full recognition has been given to the need to make patients in these hospitals contented—resulting in the providing of complete recreation and occupational therapy facilities.

The system of veterans' relief demands humane administration and, in recognition of this principle, every effort has been made to humanize the carrying out of the law so as to soften the mechanical rigors of public administration to meet the special needs and the difficult situations of the individual disabled ex-service man. Where authority was coupled with discretion, that discretion has been exerted in a humanitarian direction.

The neuropsychiatric activities, presenting as they do so many complex considerations and requiring a highly specialized administration, are perhaps the most important in the medical service. From the very nature of these ailments, embracing mental as well as neurological cases, hospitalization and custodial care are required in a very large percentage of them at some time during their contact with the Administration. As one gets farther away from the cessation of war there are more and more of these, whose disabilities have been continuous since discharge, who will not recover. This is particularly true of those afflicted with the chronic deteriorating types of psychoses. They will require custodial care in an institution the remainder of their lives and, in the majority of instances, life expectancy will not be materially lessened by reason of their mental state. It can be seen, then, that these cases will be cumulative in institutions at least for an indefinite number of years.

While it is appreciated that the majority of patients in the neuropsychiatric institutions will require hospital care for an indefinite number of years, we have not lost sight of the fact that remissions occur, permitting patients to return to their communities from time to time and, in some instances, even to resume their former activities in society. To this end every effort has been exerted to prevent any attempt to delay regression and ultimate deterioration in the purely psychotic cases. In other words, the patient is considered the most important person in the Veterans' Administration hospital and all activities revolve about him.

Sincerely yours,

E. W. JORDAN, *Manager.*

[From the Detroit (Mich.) Free Press, Sunday, February 11, 1945]

· SURVEY COMPUTES AVERAGE WAGE IN ESSENTIAL CIVILIAN SERVICES

How do those hard-working men who keep the essentials of life running get along under wartime conditions? Here's part of the answer in financial terms, as compiled from averages estimated by authoritative Government sources. It must be remembered that these averages are all earnings, including overtime

and commissions, and would not apply equally in every instance. Some of the workers in these classifications own their own equipment and the maintenance cost comes from the individual pocket. The other side of the picture reveals long hours of toil in many instances, plus a real and patriotic sense of the needs of the community. Through them many of the tribulations of a city at war are reduced to the status of minor annoyances which Detroit has learned to bear with a grin.

	<i>Per year</i>
Rating high in importance is the insurance salesman and agent who keeps policies in force.....	\$5, 000
A spick and span Detroit places reliance on the dry-cleaning deliveryman for sharp creases.....	4, 500
The man who delivers your coal earns this average wage yearly in return for keeping you warm.....	6, 000
First up in the icy winter mornings is the milkman, whose wage insures delivery to your door.....	5, 000
Laundry, fresh and crisp from modern plants, is delivered with care by hard-working drivers.....	4, 500
Detroit has learned during the war years what an interruption to the flow of road means.....	6, 000
Traffic to and from war plants and downtown areas is kept moving by conscientious motormen.....	5, 000
A steady hand on the wheel is needed to keep one of Detroit's busses within wartime schedules.....	5, 000

SATURDAY AFTERNOON, APRIL 7, 1945.

HON. JOHN RANKIN,
*Chairman of Veterans' Committee,
Washington, D. C.*

MY DEAR CHAIRMAN RANKIN: En route from Fort Custer to Dearborn, Mich. Have had two blowouts and am held up here at Ypsilanti, near Ann Arbor.

Personally I can say that the hospitals are 20 times as efficient and a thousand times as courteous as the ration boards in Michigan.

The veterans' hospitals are not as well equipped in Ohio and Michigan as in Virginia, West Virginia, and Kentucky.

In accordance with your request I will get to Brecksville, Ohio, next week. Congressman Huber has been there. His report received wide publicity in Ohio newspapers.

I must do further work at Dayton and about Dayton, Ohio. The help situation is extremely bad there, also there is very much of a lack of courtesy to the public.

It will likely take me about 10 days more to investigate several reports. No expense except long-distance calls, although it is going to take time. If you need me there before about the 23d please phone Jordan 0733, Toledo, Ohio, and reverse the charges. Mrs. Ramey is ill, but the phone is at her bedside. You can also call Main 7706, Toledo, for Lenore Jones Seay, or call the office in Washington. Executive 530 and Mrs. Stoner will get the word to us.

Sincerely,

HOMER A. RAMEY.

APRIL 4, 1945.

HON. JOHN E. RANKIN,
*Chairman, Committee on World War Veterans' Legislation,
House of Representatives, Washington, D. C.*

MY DEAR CHAIRMAN RANKIN: I have just mailed to you a special-delivery letter with findings I have made in and about the facility of Chillicothe, Ohio, as well as to the talking of former attendants and nurses. I think it is useless to burden the committee with a five-page letter reciting all the details the same as I did in my inspection of the veterans' hospitals both at Roanoke, Va., and Huntington, W. Va.

As you know, the type of this hospital is neuropsychiatric, which has at the present time 1,888 patients. At the present time the majority of the veterans are admitted directly from the armed forces on authority of the Medical Direc-

tor of the Veterans' Administration. Some are admitted from home, or from jail, and some are transferred from other Veterans' Administration facilities. Only an occasional veteran is committed by court action. As a result, when the patient or his nearest relative demands his release, it must be given. Quite a few veterans have been discharged under these circumstances as against medical advice.

The station's table of organization calls for 15 physicians in addition to the manager and the clinical director. At the present time there is 1 vacancy and 1 physician has been off duty for the past 6 months because of illness. The station has recently requested the addition of 4 physicians to the staff because of the increasing activities, both in-patients and out-patients. All but one of the assigned physicians are serving as military officers on active duty with the Veterans' Administration.

The table of organization for nurses calls for 56 in addition to the chief nurse. At the present time there are 15 vacancies, but 7 of these have been temporarily filled by nurses' assistants.

The table of organization for hospital attendants calls for 314. There are at the present time 78 vacancies. However, these have been filled by colored enlisted men assigned to the station by the Army. Many of the trained and experienced men have left the station for one reason or another and, while there are sufficient numbers of men on duty, they are of poor quality. The station is further handicapped by considerable absenteeism. The general attitude of the civilian attendants leaves much to be desired, as they feel that they are woefully underpaid.

The allocated number of occupational-therapy positions includes one chief aide, one head aide, five aides, one junior aide, and five occupational-therapy attendants. In addition, 23 hospital attendants are assigned to special duty in charge of patients engaged in occupational therapy. At the present time the station is without a chief aide and there are two vacancies in the position of aides. The table of organization calls for one chief, physical-therapy technician, three physical-therapy technicians, two junior technicians, and three physical-therapy attendants. There are at the present time the following vacancies: Two physical-therapy technicians and one physical-therapy attendant.

The food is good and more abundant than in the average private hospital. Several months ago an analysis of the food served was made by an expert from the Army Quartermaster Department and was reported equal to, and in some respects superior to, that served at the best of the Army messes.

The manager of the facility has been employed by the Federal Government since 1910 and has devoted 33 years of this time to the care of the mentally ill. He is an alumnus of St. Elizabeths Hospital, Washington, D. C., and received his training in psychiatry under Dr. William A. White, who was superintendent of the institution at that time. Colonel Murphy served 6 years at that hospital in the various positions of intern, junior assistant physician, assistant physician, and senior assistant physician until January of 1921. Dr. Murphy advises me that during that time patients were frequently restrained by wristlets, belts, and occasionally by sheets, and that patients were secluded in rooms because of their activities. He deplores the use of mechanical restraint, but that there are times when it is necessary. However, he impresses upon his staff that, when they resort to the use of this form of restraint, they must admit they are "licked" and that other methods of sedation have proved ineffectual.

The clinical director, Lt. Col. Walter E. Futrella, has been at the station since August 28, 1944. Before entering the Federal service he had experience in psychiatry at the Western North Carolina State Hospital. He entered the Federal service May 31, 1931, and was made clinical director June 16, 1941.

The supply officer at the station has been in Government service since July 9, 1919. He has been at this facility since May 1, 1934.

The utility officer has been at this facility since July 16, 1944, but has been employed by the Federal Government since July 16, 1936. The finance officer has been at the facility since May 1, 1938, but has been in the service of the Federal Government since July 5, 1922.

The morale of the employees is generally good, except for the hospital attendant personnel. The attendant personnel feel that they are inadequately compensated for their services. This is in great measure due to the fact that the guards at the United States Industrial Reformatory on the same reservation receive considerably higher pay for their services. There has been no particular difficulty between nurses and patients, except that several months ago

a patient did annoy one of the nurses, but according to the information obtained, the nurse more or less invited the situation by her own foolish and indiscreet attitude.

Restraints are used at the facility, but every effort is being made to keep them at a minimum. There are at the present time 43 patients being kept daily in restraining apparatus.

A large proportion of the physicians at the facility are members of the American Psychiatric Association. The manager is a fellow of that association.

Very truly yours,

HOMER A. RAMEY,
House of Representatives.

CHILlicothe, OHIO, April 21, 1945.

Harold Henry Locke, C-4228803.

Hon. HOMER A. RAMEY,
*Congress of the United States,
House of Representatives, Washington, D. C.*

MY DEAR MR. RAMEY: This acknowledges receipt of your communication of April 17, 1945, with enclosure of a letter which you received from Mrs. K. C. Wilkes, of Gahanna, Ohio, which concerns her brother, Harold Henry Locke, a patient at this facility.

The contents of her letter have been carefully noted. You request a complete report on this case.

The veteran was admitted here January 13, 1945, coming from Crile General Hospital, Cleveland, Ohio. He was discharged from the Army on the date of his admission here. He was transferred here for further treatment of a mental disorder. On arrival here, he was found to be suspicious, evasive, and noncommittal. He was kept on the reception service until February 8, 1945. He became so uncooperative that it was necessary to transfer him to the acute service. He grew more suspicious, was inaccessible, threatening, and belligerent. His treatment has consisted in the use of sedatives in the form of drugs and hydrotherapy. In addition, psychotherapy and occupational therapy has been given him. It has been extremely difficult to approach him on a friendly or understanding basis due to his deep-seated suspicions and his withdrawn attitude. Some improvement has been shown, and on March 29 he was transferred to a continuous-treatment building. He is still actively hallucinated, seclusive, and out of touch with realities. The medical staff does not feel that he can yet adjust himself outside a hospital.

The patient's wife, Mrs. Louise Locke, of Columbus, Ohio, has visited him once or twice weekly since his admission. She realizes his need for hospital care, is very understanding, and while she expressed a desire to have him home, she has left the time for his release entirely with the medical staff. Other relatives, including Mrs. Wilkes, have also visited him. Mrs. Wilkes has written several letters about her brother and has strongly intimated that his confinement has aggravated his condition. She seems to have very little understanding of his condition and has assumed a rather critical attitude toward the hospital. The patient was given shock treatments while in an Army hospital, and this is no doubt the new form of treatment to which she refers. It has not been given him here and will not be given without the consent of his relatives. I am at a loss to know to what she refers when she speaks of experimenting with patients. There is certainly no basis for her intimation that patients are needlessly kept here. There is no desire whatever and no reason to keep the patient in question, or any other patient here, one day longer than is absolutely necessary. You no doubt know that the hospital is filled beyond official capacity. This, if for no other reason, is sufficient cause to see that every patient who is ready to be released shall be sent home without delay.

The other patients referred to by Mrs. Wilkes cannot be identified; however, she is so well known there was no difficulty in identifying her brother, although she did not mention his name in her letter.

Mrs. Wilkes' letter is being returned to you.

In accordance with Executive order, Veterans Regulation No. 11, you are advised that the information contained in this letter is confidential.

Very truly yours,

D. J. MURPHY,
*Colonel, Medical Corps,
Manager.*

SUNDAY MORNING, APRIL 15, 1945.

HON. JOHN E. RANKIN,

*Chairman of World War Veterans' Committee,
House of Representatives, Washington, D. C.*

MY DEAR CHAIRMAN RANKIN: I have just been to service at both the Catholic and Protestant chapels at the Veterans' Administration facility. This is my second visit here since the recess.

Last night I covered all the wards and saw the complete operation here at night time. Some things here are deplorable and I wish to see you personally.

Sincerely

HOMER A. RAMEY, M. C.

VETERANS' ADMINISTRATION' FACILITY, DAYTON, OHIO

PROTESTANT CHAPEL

DANIEL L. MYERS, CHAPLAIN

Sunday, April 15, 1945, 10 a. m.

Organ prelude-----	Walter S. Allen
Praise God from Whom All Blessings Flow-----	Standing
Invocation-----	Closing with the Lord's Prayer
Tenor solo: Open The Gates of The Temple-----	Mrs. Knopp
Responsive Reading: Selection-----	451
Hymn: Praise Him! Praise Him!-----	19
Scripture Reading-----	Ex. 4:1-17
Alto solo: The Ninety and Nine-----	Campion
Prayer-----	
Hymn: Wonderful Words of Life-----	121
Sermon: What is That in Thine Hand?-----	Ex. 4:4; I Cor. 1:27
Hymn: I'll Live For Him-----	153

Benediction

The subject for next Wednesday evening is "The Ascension". The service, as usual, is held at seven o'clock.

HOUSE OF REPRESENTATIVES,
Washington, D. C., April 5, 1945.

HON. JOHN E. RANKIN,

*Chairman, Committee on World War
Veterans' Legislation, Washington, D. C.*

DEAR MR. RANKIN: Confirming conversation with your office, Judge Ramey has just called us from Toledo and asked us to advise you that he has received your instructions and will visit the additional hospitals you mention. This will, of course, require extra time and he may not be able to return to Washington until approximately April 20. He asked that you please have him excused from all sessions until his return.

Thanking you, I am

Sincerely yours,

MARIE D. BOCKSTAHLER,
Secretary.

APRIL 4, 1945.

HON. JOHN E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,
Washington, D. C.*

MY DEAR MR. RANKIN: Pursuant to your request and by authority of House Resolution No. 192 of the Seventy-ninth Congress, I am in Chillicothe, Ohio, today. It is a large NP hospital, the same type as that at Roanoke, Va., but not so well run as that at Roanoke, in that they cannot get sufficient help. I refer to attendants.

The doctors are very good, as well as the nurses, however, there should be at least a 100 more attendants, and they cannot get them. Common labor pays twice as well as attendants receive.

The food is better than we eat—better prepared and more of it. Treatment for patients and their care is better than in Grant Hospital, White Cross Hospital, or Mount Carmel Hospital at the nearby capital city, Columbus, Ohio.

There is one big trouble—lack of attendants—and you will never get them at the present wages. I just talked with Stacey R. Brown, a strong attendant who looks like a prize fighter, who said, "Far better treatment than in private hospitals, so why don't Congress give them help instead of spending money to inspect them. All the inspectors do is to lie about them and find fault." He thought these libelist writers were from Congress.

Very truly yours,

HOMER A. RAMEY, M. C.

TOLEDO, OHIO, April 10, 1945.

HON. JOHN E. RANKIN,

*Chairman, World War Veterans' Legislation,
Washington, D. C.*

MY DEAR MR. RANKIN: Due to the extreme illness of Mrs. Ramey, who is confined to her bed here, I have remained in Toledo for 2 or 3 days before going to Brecksville. However, have secured someone to stay with Mrs. Ramey and will start for Brecksville in accordance with your instructions either Friday or Saturday.

I have had an interview with Milo Warner, past national commander of the American Legion, and Mr. Henry Herman, secretary, Lucas County Council, American Legion, who have made several phone calls for me.

I have also just had a long conference with Miss Elizabeth L. Curdes, who for 4 years was employed as general secretary to the chief physician at Chillicothe. Being intensely interested in the veterans, she spent nights throughout the various wards with attendants and nurses and knows the institution thoroughly. She informed me that the attendants had to do practically all the work there; that the nurses were extremely lazy, domineering, and expected the attendants to do all the nurses' work. In spite of the fact that the patients are men, she thought at least the nurses should have followed out the orders of the physician. All in all, Mr. Rankin, so far the big problem in the hospitals north of the Ohio River is concerned, it is the problem of attendants. There must be more of them, and they will have to be better paid. I also believe we should have some kind name for attendants which would lend dignity to that position. As stated in a former letter, the hospital at Fort Custer, Mich., has approximately 200 Army men who are being used as attendants, and they are giving some very sympathetic loving service to those in their care. To me this seems to be a solution. The attendants should be veterans. They should be made to understand that their position is a career, an honorable one, that has great dignity; and after he has served for years, he should be able to retire with a social-security pension as other folks do. This would rid the hospitals of the terrible problem of absenteeism among attendants, as well as drunkenness among some. I am happy to say this doesn't occur in your southern hospitals. I have asked Miss Curdes to write you direct regarding the conditions at Chillicothe.

Sincerely,

HOMER A. RAMEY, M. C.

I saw none of this personally at Chillicothe.

H. A. R.

APRIL 14, 1945.

HON. JOHN E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,
Washington, D. C.*

MY DEAR MR. RANKIN: Pursuant to the authority vested in you by House Resolution 192 of the Seventy-ninth Congress, and in accordance with your order that I make a special trip to the veterans' facility at Brecksville, Ohio, I am at last here.

In view of the fact that I had inspected the hospitals at Roanoke, Va.; Huntington, W. Va.; Chillicothe and Dayton, Ohio; Fort Custer, near Battle Creek,

and Dearborn, Mich., I had concluded not to make this special trip, inasmuch as the newspapers carried considerable publicity concerning the inspection of the Brecksville facility by the Honorable Walter E. Huber, of Akron, at which time he complimented it very highly. However, on receipt of your letter of April 2, I am at last here. I would have been here earlier except for the serious illness of Mrs. Ramey.

Mr. Huber made a thorough inspection, accompanied by the county chairmen of the American Legion and the Veterans of Foreign Wars of both Summit and Lorain Counties, Ohio, and the Honorable Paul Cunningham, of Iowa, one of the senior members of our committee, was also here a few days ago.

I am making the report of my visit here as follows, with the exception of the request which you made which was confidential; that is, the contact that I should make with one of the doctors who recently was sent here, and I will report my conference with him as well as the conclusion as soon as I reach Washington.

VETERANS' ADMINISTRATION FACILITY, BRECKSVILLE, OHIO

GENERAL ADMINISTRATION

1. (a) The Veterans' Administration facility at Brecksville, Ohio, is a general medical hospital.

(b) Ambulant patients are admitted by means of Form P-10, which may be executed either at the facility or by private physician before admission. Emergent patients are taken to the receiving ward immediately and the Form P-10 executed later.

(c) Out-patient service is adequate. In addition to the out-patient service at this facility, there are now being established branch offices at Toledo, Cleveland, Akron, and Youngstown, which will be fully staffed with medical personnel as soon as they are available.

(d) Careful personal attention is given to each patient upon admission. There is no denial in case of emergency.

(e) The types of treatment are such as apply to a general medical hospital. The patients are admitted to a reception ward, where they are examined and classified. This examination consists of a complete physical examination, together with necessary X-rays and other laboratory procedures.

If a patient is to receive surgical treatment, he is transferred to the surgical service, where the chief of that service reexamines him, with particular emphasis upon the surgical condition. If no further laboratory or other study is found to be necessary, he is given the required surgical treatment, including surgery. No routine surgery—for example, hernia—is done in the presence of positive blood serology or laboratory evidence of the other serious illness.

If the patient comes into the hospital for treatment of a medical condition, the same preliminary study is made on the receiving ward, and he is transferred to a medical ward for treatment.

The patients are classified and grouped on the medical service wards according to whether their diseases are gastro-intestinal, cardiovascular, metabolic, etc., and doctors who treat them are required to be especially familiar with the type of cases they are treating.

Clinic treatment; that is, ear, eye, nose, and throat and urological, is given by specialists who are in charge of these clinics, and the patients are referred to the clinics for this specialistic treatment.

Specimens removed at operations and autopsies are routinely examined in the clinical laboratory by the pathologist, and a written report is made which is incorporated in the clinical folder.

Consultation is freely obtained from the various specialists. Specialistic services cover the following subjects: General surgery, urology, ear, eye, nose, and throat; neuropsychiatry; tuberculosis; and cardiology.

PERSONNEL—ADEQUACY AND PERFORMANCE

1. Medical division

	Author- ized posi- tions	Filled	Vacant
(a) Physicians.....	20	¹ 17	3
(b) Dentists.....	4	² 4	0
(c) Nurses.....	51	43	8
(d) Laboratorians.....	8	7	1
(e) Physical therapy.....	3	2	1
(f) Occupational therapy.....	(³) 3	(³)	(³)
(g) Attendants.....	62	51	11
(h) Social workers.....	3	1	2
Branch offices:			
(a) Cleveland (physicians).....	2	2	0
(b) Akron.....	2	0	2
(c) Toledo.....	3	0	3
(d) Youngstown.....	2	0	2

¹ 11 Army Medical Corps.² 2 Army Medical Corps.³ This service is being developed.

Serious difficulty has been encountered in procuring and retaining adequate attendant personnel, due to the fact that the facility is located in a critical labor area and most men are employed in war industries. The male attendant turn-over is very large. However, this difficulty has been met by the use of women attendants who live in the vicinity of the facility.

2. Dietetic department

	Author- ized posi- tions	Filled	Vacant
(a) Dietitians.....	2	2	0
(b) Cooks.....	5	4	1
(c) Meat cutter.....	1	1	0
(d) Mess attendants.....	40	¹ 16 ² 20	¹ 10 ² 17

¹ Full time.² Part time.

There has also been difficulty in procuring adequate mess-attendant personnel, for the reason mentioned above. This has been overcome to some extent by employing part-time employees.

3. Administrative

The manager and his assistants have been employed with the Veterans' Administration for a number of years. They are well qualified and have the background of experience necessary to meet present critical conditions. My contact with the facility indicated that they were making a great effort to cope with personnel factors and are as successful as can be expected under the circumstances.

4. The morale of personnel

The morale of the personnel is high. There have been no incidents of immoral conduct or perversion and no complaints from wives or mothers.

SANITATION AND PREPARATION OF FOOD

1. I talked with the dietitian, who conducted me on a thorough inspection of the kitchens, refrigerators, cold storage, etc., and also explained arrangement of special diets and showed me the food in the process of preparation. The same

cleanliness exists here in the kitchen as did at Roanoke and other places. In fact, this kitchen is the best run of any with the exception of Roanoke. The sanitation is in perfect condition.

2. I also talked with the chief cook, who lives in Cleveland and commutes. He stated that there were only four cooks doing the cooking, but all were willing to work. He seemed to be enthusiastic about his work, stating that he commuted from Cleveland daily and put in long hours and that more help was needed.

3. During the emergency caused by the extreme weather last winter, even office help assisted in the kitchen when it was impossible for employees to drive from their homes in Strongsville, Parma, Berea, Brecksville, and other local towns. Many of the employees stayed at the hospital all night in order to be on the job. Because of the help shortage, wives of patients are frequently employed in the kitchen. However, since their employment only lasts as long as their husbands are hospitalized, the turn-over is large.

4. I ate at the facility and had the same food as was served to the patients. No favors were shown me. The food was excellent and consisted of ham, scalloped potatoes, scalloped cabbage, ice cream, and the finest of coffee. Second helpings were permitted. Any veteran was better fed than if he had been at the Cleveland Hotel or a roadhouse.

PATIENTS

1. The present bed capacity of the Brecksville facility is 327 beds. On April 12, 1945, there were 303 patients, classified as follows: TB, 4; phychotic, 8; other NP, 41; general medical and surgery, 250.

2. A Protestant minister and a Catholic priest visit the hospital regularly and upon emergencies when called. Chapel services are held every Sunday and broadcast over the public-address system. There is absolutely no proselyting, and no patient is required to attend services or receive visits from any religious order.

3. All special privileges for patients are authorized by the ward doctors under the supervision of the chief medical officer. In good weather certain types are permitted to go outside and, if able, participate in games of therapeutic value. A program is broadcast each morning except Sunday over the public-address system, in which the patients participate. The recreational aide, assisted by the Gray Lady Corps, arranges daily periods of entertainment, and at least four nights a week there is special entertainment, including movies and entertainment from outside. Upon authorization of the ward physician, supervised by the chief medical officer, groups of patients are permitted to attend outside entertainment such as boxing matches, the circus, concerts, etc. Transportation is arranged by the facility, and tickets are furnished by organizations and clubs. There is a fine library for the use of ambulant patients, and bed patients are supplied with books from book carts. Personal shopping and errands, as well as letter writing, etc., are taken care of by the Gray Lady Corps.

4. No cases of the abuse of patients have ever been reported and no "strong-arm methods" of discipline are applied. There is not the faintest suggestion of "jail atmosphere."

5. The canteen is patronized by patients, visitors, and employees. All prices are approved by the manager and posted.

6. At no time has there been any difficulty in obtaining food supplies. All requests made by the chief dietitian have been filled without any unusual delay.

7. Fire protection is adequate. The equipment is new and in excellent condition, and fire drills are held at regular intervals.

8. The contact service is well developed and highly adequate. In addition to the contact service at this facility, contact units have been established in Akron, Youngstown, Toledo, and Cleveland. Two units are about to open in Canton and Mansfield, and five other units will open in other towns in the region as soon as adequate space is found.

The manager advises, and I concur with his recommendation, that additional quarters for nurse and attendant personnel, storage space, and a recreational building are needed. Approximately 50 percent of the patients are from World War II. These patients have been accustomed to a well-developed recreational program in the various camps and hospitals. Unless a similar program is maintained in the veterans' hospitals, the contrast will be a matter for dissatisfaction.

Very truly yours,

HOMER A. RAMEY.

APRIL 3, 1945.

HON. JOHN E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,**House of Representatives, Washington, D. C.*

MY DEAR MR. RANKIN: Pursuant to authority vested in me by your order as chairman of the Committee on World War Veterans' Legislation, No. 102 of the Seventy-ninth Congress, I am now at the Veterans' Administration facility, Huntington, W. Va., and find the situation to be as follows:

1. (a) General medical and surgical hospital.

(b) The procedure of admitting patients to the hospital is as follows: The majority of cases are admitted by submitting application by mail; eligibility is determined and transportation, meal, and lodging requests are sent to the veteran. Patients who come to the hospital personally are also admitted. Emergency cases are admitted when a long-distance telephone call is made to the hospital or a telegram is received at the hospital.

(c) Out-patient service is adequate at the present time; however, as the load is increasing, the facility is from time to time requesting additional personnel.

(d) When a veteran whose hospital treatment has been authorized reports to the facility, he is routed to the admission clerk, who makes the necessary papers in connection with his admission and then takes him to the nurse on the receiving ward, where his temperature, pulse, and respiration are taken and he is assigned to his room or bed. He is then given an initial bath; his clothing and valuables are checked by a hospital attendant; and he is assigned hospital clothing—pajamas and bathrobe. He is then examined by the physician in charge of the receiving ward, who secures any specialistic examination necessary and when the diagnosis of his major condition is established, he is transferred to a treatment ward.

(e) The outline of treatment varies with the individual case. In general, the outline in the treatment of surgical cases requiring hospitalization is as follows: After all examinations have been made and operation is determined necessary, the case is scheduled for operation 24 hours in advance. The patient is given the proper preoperative treatment and on the morning of operation is taken to the operation room on a wheel carriage, accompanied by the operating-room attendant, and after completion of the operation, patient is returned to his ward by the operating-room attendant and necessary postoperative therapy is rendered. In general medical cases, the proper treatment is prescribed immediately after the patient is received on the treatment ward. This treatment consists of proper medication, diet, bed rest, physical therapy, if indicated, and in the case of neurological patients, psychotherapy. In all operative cases, the patient is seen by a physician qualified in internal medicine, who makes an examination before operation to determine if there are any contraindications to operation, and if there are none, the operation is performed. If during treatment of the surgical ward a patient develops a general medical condition, the attending physician secures consultation from the medical service and proper treatment is prescribed. The same procedure is followed in the case of medical patients who develop surgical conditions while undergoing medical treatment.

PERSONNEL—ADEQUACY AND PERFORMANCE

1. (a) There are 15 physicians on duty, exclusive of 2 on the rating boards.

(b) Nurses: Authorized positions, 32; positions filled, 28.

(c) Laboratorians: Authorized positions, five; filled, five.

(d) Physical therapy technician: Authorized, two; filled, one.

(e) Occupational therapy aide: One in process of being authorized.

(f) Hospital attendants: Authorized, 44; filled, 35.

(Unable to get sufficient number of attendants. Union scale labor situation is much above regular scale; hospital more difficult situation than at Roanoke.)

2. Dietetic department.

(a) Dietitians: Authorized positions, two; filled, two.

(b) Cooks: Authorized positions, three; filled, three.

(c) Mess attendants: Authorized positions, 30; filled, 29.

3. Administrative.

(a) Manager: one.

(b) Chief medical officer: one.

(c) Supply officer: one.

(d) Utility officer: one.

(e) Finance officer: one.

4. The morale of the personnel is excellent. There are no cases of nurses reporting any difficulty with the male patients and no cases of sex perversion have ever been had or noticed. They have both Catholic and Protestant chaplains and any patient's religious faith is always respected even to and including those that belong to cults or faith healing. Any patient who believes in faith healing is sacredly faced or respected. Of course, they are required to take the preventative health measures in order that there will be no contagious diseases spread about, the same as in the Army. In case Jewish patients are admitted, of course they are allowed to send for the rabbi, the same as in any other faith. No bigotry whatever at the institution. Those who go to the city of Huntington, $7\frac{1}{2}$ miles distant, go by either bus or taxi. For several years' time there has been little attempt to bootleg either liquor or narcotics to the institution. There has been no problem as to morality. No women have come to the institution and caused any disturbance by trying to make love to patients by giving their name as a sister, wife, or any other non de plume. The family or relatives of patients are not permitted to remain in the hospital overnight, except in cases where the patient is in a serious or critical condition and in these cases if they desire they may remain with the patient when in a private room, but there is always a nurse and attendant in constant attendance on the floor.

SANITATION AND PREPARATION OF FOOD

1. (a) The cleanliness and sanitary conditions of the dietetic department and equipment are satisfactory.

(b) Food requiring refrigeration is kept under refrigeration.

2. I inspected the serving of the midday meal and found the preparation of food satisfactory as to quality, quantity, and variety.

3. I inspected the service of food in the dining room, ward dining rooms, and special diets for patients. The ambulatory patients are served their food family style in the main dining room. The bed patients are served their food on trays. The dietitian prepares special diets for patients requiring same on the prescription of the ward physician.

4. The turn-over in personnel was not bad until last year. Since then it has been extremely heavy.

PATIENTS

1. (a) The census as of this date: 248 general medical and surgical.

(b) Examinations are made on admission and such subsequent examinations as are required.

(c) It is impossible to reduce to a mathematical certainty the time given to patients by physicians and nurses, varying always according to the seriousness of the patient. I can say, however, that sufficient time is given and more time than in the private hospitals in the same locality.

CONCLUSION

I have found no case of abuse or neglect. In fact, before coming to the hospital I have talked to Mr. George E. Bender, chairman, Huntington-Cabell County Chapter of the American Red Cross and former national president of the Exchange Club of the United States of America, who reported the situation here, according to the appraisal of the Red Cross and the citizens, was that the care is much better than that in private hospitals. Mr. Bender is not only an outstanding citizen of Huntington, but public spirited and about once a month comes out and entertains patients at bingo and games. Mr. Bender is an outstanding Roman Catholic and further reports there has been no discrimination as to religion, but all patients are used alike.

The local Congressman, Hubert Ellis, has been a very good friend of the institution and for some years back has acted as Santa Claus at Christmastime. I also talked to the wife of the proprietor of the Hotel Governor Cabell, Mrs. Hayes, who had nothing but good to report. Likewise, the taxi driver who brought me out spoke well of the institution, not even complaining of the fact that sometimes a patient will call a taxi when they don't have the money. I also indulged in gossip in the barber shop and to my surprise not even a wisecrack was made against the veterans' hospital, but good words were said.

I called the secretary of the Masonic lodge, who made a good report, the same as did Mr. Bender, and while I was unable to get in touch with the president of the WCTU, I did talk with one of its members, who spoke well of the institution but quite disrespectful of the President and Congress.

I arrived at the hospital unannounced; noticed some others about; everyone treated with dignity yet courteous. No attempt was made by the officials of the hospital to wine and dine me or give me a special banquet. The food I ate was the same as the patients ate, which was excellent.

The concessionaire makes no charges for patients who cash checks in the canteen. The prices charged in the canteen are reasonable.

Very truly yours,

HOMER A. RAMEY, M. C.,
Member of World War Veterans' Committee
of the Seventy-ninth Congress.

VETERANS' ADMINISTRATION FACILITY,
Fort Custer, Mich., April 6, 1945.

Hon. JOHN E. RANKIN,
Chairman, Committee of World War Veterans Legislation,
House Office Building, Washington, D. C.

MY DEAR CHAIRMAN RANKIN: Pursuant to your order under authority vested in you by House Resolution 192 of the Seventy-ninth Congress, I am now at Veterans' Hospital, Fort Custer, Mich.

As you know, it is an NP hospital, the Congressman from the local district being Paul Shafer, who is not on the Veterans' Committee. I have talked to Mr. Shafer, who has made frequent visits here and makes good reports.

I have talked to several other Congressmen who have visited this hospital and all have made good reports with the exception of Hon. Alvin F. Weichel, of Sandusky, Ohio, and that was the matter of the release of a recently discharged veteran. It appears that this occurred through a misunderstanding on the part of the parents. The mother and father, when they visited the hospital shortly after the patient's admission here, were advised by the physician to leave the patient in the hospital because it was thought that it was to his best interests to remain in the hospital. Evidently the parents reported to the Congressman that the hospital would not release the patient. As soon as the matter was taken up with the administrative authorities, the patient was immediately discharged to the custody of the relatives. The committee is free, of course, to write either the manager here or to talk to Mr. Weichel.

The procedure of admitting patients to this hospital is by voluntary admission, by commitment, and directly from the Army. On admission from the Army they become voluntary patients. The service rendered in the admission ward is excellent.

The out-patient service is inadequate because of lack of physicians and clerical help.

This is an NP hospital and is modern in every respect. Patients who get out of control, or are disturbed, are given hydrotherapy or chemical sedation in a moderate amount. There is no shackle treatment.

PERSONNEL

1. (a) There are 13 physicians and 1,810 patients. There should be at least 25 physicians.

(b) There are 31 nurses and while very efficient there should be at least 20 more nurses at the present time.

(c) There are 2 laboratory technicians.

(d) Physiotherapy technicians, 5. There should be at least 15.

(e) Occupational therapy aides, 10. There is one occupational therapy attendant. There is one vacancy for junior occupational therapy aide.

(f) There are 110 civilian attendants and 250 soldiers.

Absenteeism at this hospital for the months of November 1944, January 1945, and March 1945 is given below:

	Annual leave (hours)	Sick leave (hours)	Leave without pay (hours)
November 1944.....	3,940	335	296
January 1945.....	1,722	327	816
March 1945.....	2,291	446	387

2. Dietetic department.

(a) There are three dietitians who are very skilled for patients who need special diets. One more is needed.

(b) Ten cooks.

(c) Twenty-two mess attendants.

3. (a) Manager: Roger P. Hentz, M. D.

(b) Clinical director: Roland E. Toms, lieutenant colonel, Medical Corps.

(c) Supply officer: F. J. Last.

(d) Utility officer: H. C. Ehmke.

(e) Finance officer: M. E. Merksamer.

4. Morale: There are both Protestant and Catholic chaplains. There is no bigotry and no proselyting. Church is well attended and there is a good moral atmosphere. In spite of the lack of attendants and a great deal of absenteeism, there has been no sex perversion in the wards and no complaints of nurses who have not been protected or able to take care of themselves.

Sanitation and the preparation of the food is excellent.

I have gone about the grounds and find the folks in the open air, a great many enjoying games. I have talked to the citizenry at Kalamazoo and Battel Creek, and other places, and have found no complaints. Only I can say, Mr. Chairman and gentlemen of the committee, unless something is done in regard to the situation as to attendants, either by making that position of an attendant's career an attractive one, or by making it an honorable position so that the veterans themselves will likewise be attracted, I can say as to the hospitals in the Commonwealth of Michigan and the State of Ohio, the problem is that of getting attendants, both as to quality and quantity.

Of course, as stated above, more physicians and nurses are needed. However, the quality of the nurses is excellent. There are eight qualified physicians in neuropsychiatry. The last five who have been assigned here have had no experience in neuropsychiatry. However, they are responding very well, but it will take some time before they have had adequate experience.

This hospital is situated just 7 miles from Battle Creek, the home of what was once the famous Battle Creek Sanitarium and the same is now occupied by the Percy Jones General Hospital. It has always been a medical center. The Percy Jones General Hospital is an Army hospital taking care of many types of patients but specializing in amputations. It now has an annex including the station hospital at Fort Custer and more recently has taken over a large number of barracks at the fort where soldiers of various types over a large area are brought to be reconditioned. The Veterans hospital at Fort Custer compares favorably with the other places I have visited.

All in all, the hospital situation here is in an awful shape. It needs men—professional men, laboring men, and nurses.

HOMER A. RAMEY, *Member of Congress.*

HOUSE OF REPRESENTATIVES.

Washington, D. C. April 1, 1945.

HON. JOHN RANKIN,

Chairman of World War Veterans' Committee,

Washington D. C.

DEAR CHAIRMAN RANKIN: Enclosed is a copy of the letter addressed to each person hired by Colonel Jordan at the Veterans Hospital, etc. at Roanoke.

Sincerely,

HOMER A. RAMEY.

DECEMBER 20, 1945.

MR. FRANK C. HICKMAN,

Contact Officer, Veterans' Administration,

Roanoke, Va.

MY DEAR MR. HICKMAN: Welcome to duty in the ranks of service to Virginia veterans of all wars, and particularly World War II.

We are here to dedicate ourselves—our time, our thoughts, and our energies—to the fighting men and women of Virginia as they are discharged from the armed forces of the Nation and become veterans. It is a momentous occasion because this contact representative school is being held that you may here learn how to fulfill your duty to the State's veterans.

If there is here laid a firm foundation of knowledge of the veterans' problems, and of determination to help them solve their problems, the more than one quarter of a million Virginia men and women, who have gone into the service, will be quickly restored to productive and happy civilian lives as they come out of the Army and the WAC, the Navy and the WAVES, the Coast Guard and the SPARS, and the Marines.

We are not going into this thing with any notion that the veteran will come back home a helpless individual, who will need leading around, but these men and women, busy winning a war for us, have had no chance to check up on the Readjustment Service Act, better known as the GI bill, or much of anything else at home. In other words, when they return they won't have ready knowledge of benefits set up. That is where our State-wide contact representative set-up will come in.

These present fighters won't have to wait, as we did after the other war. Our contact representative will look them up and will have a ready explanation of every benefit, Federal and State. Then, after the return veteran has been informed of what awaits him, our contact representative will help him get it.

You have been chosen to help these veterans—to help them to help themselves—because you are a veteran yourself with an understanding of veterans' affairs, and because you have records which show that you have the capacity to work and the will to work.

No assignment I have given any member of my administration is as important as the assignment I have given you. We have heard much about industrial reconversion. It is right and necessary that the best minds of the State and Nation should be applied to this problem. It is also right, and a thousand times more necessary, that the best minds of the State and Nation should tackle and solve the problems of human reconversion. What shall we profit from our material accomplishments if we fail to reconvert our veterans to their use and enjoyment?

That is your problem. It is my problem. It is the problem of every citizen of Virginia. But it is especially the problem of every one of you men who have been appointed as contact representative in your assigned area or at a discharge center. This problem of human reconversion is the reason for your appointment and it is the reason for this school.

In the early days of this war we began to consider the problems that would accompany the veterans as they returned to their homes. The things we are doing now are the fruits of careful thought and long planning.

The veterans will come home with their minds set on getting their old jobs back, or finding new jobs, or starting a business or a farm of their own, or going back to school, or of getting their bodies and minds repaired and restored so that once again they may assume their rightful places in our economic and social structure. Think of human reconversion in terms of helping every individual Virginia veteran to help himself.

Never, for a moment, forget that these fighting men and women do not want, and will not accept, sympathy, charity, coddling, or special favors. What they do want, what they have a right to expect, is understanding of their individual problems and help in solving them.

As you handle hundreds, and then thousands, of these individual problems a pattern will form that usually will apply to a veteran's individual case. But always remember that the veteran who has come to you with his problems is more than just one of many veterans. He is an individual, with his own individual hopes and fears, sorrows, and joys, ambitions and desires, and wants and needs. You will be there to help him overcome his fears and sorrows, to help him fulfill his hopes, ambitions and desires, and to help him get his wants and needs.

An important part of your duty is to serve every Federal, State, community, and public and private organization that has a sound program of veterans' assistance. As a contact representative you are automatically a member of all local information service centers in the communities in your area.

By diligent and tactful service you can do much to eliminate duplication and overlapping of services. This is important not only to the veteran who is seeking prompt action on his problems, but to the busy men and women, many of them public-spirited volunteers, who are serving in this cause.

You know, of course, from your experience in dealing with people, the importance of your personality in attempting to accomplish a purpose. Nevertheless, I want to point out to you that your success as a contact representative will depend, in a large measure, on your attitude, your approach, to the persons with whom you will work. Especially will this be true in your dealing with

veterans. Human interest, in its very best and fullest sense, is what we need in this job.

I am certain you understand that you are not to wait for veterans to come to see you. You are to seek them out and offer to assist them. An intelligent man does not make a nuisance of himself, or intrude on people's private lives, when he does this. He merely places himself at the disposal of those who may need his help.

Now, obviously, if you are the contact representative in an area of a hundred thousand population or more you cannot go out and see every veteran. But you should get out and see those you can see. And you should do such an outstanding job as a contact representative that your name will become a byword in your area. You will find, then, that veterans will seek you out. By skillful handling of your job you can make it so that in a few months people all over your area will be saying to returning veterans, "one of the first things you had better do is go over to the Veterans' Administration office. There is a fellow who really knows the answers and who will help you right now."

When a veteran comes to you with his problems you will have tremendous resources at hand in your attempt to help him solve them. It will be your duty to know to which of these resources—these veterans' benefits and services—each veteran is entitled, and to how much of them he is entitled. A good contact representative knows the answer to nearly every question a veteran may ask. What is more important, a good contact representative knows the book, chapter, and verse in which to find the answer, and find it immediately, if he does not already know it.

For the first time in the history of warfare, the Nation, through Congress, has prepared for the return of veterans while they are on the battlefields.

You know what the Readjustment Service Act, and other legislation enacted by Congress, provides for the veterans when they return. Former jobs are to be secured, or new ones found. There will be readjustment allowances and vocational training. Provisions are made for return to college, and for loans with which to buy a home, a business, or a farm. You must know the details of this and much more.

So, I say to you again, as you tackle the problem of each veteran who comes to you, you will have ample assistance at hand to help him solve his problem. For these benefits and services I have mentioned and many, many others are the tools of human reconversion. A good workman knows his tools. A good workman always has the right tool ready for the job at hand.

With these resources, with these tools, we must be ready to meet the most important peacetime task has challenged us in our time.

Sincerely yours,

E. W. JORDAN, *Manager.*

APRIL 7, 1945.

Hon. JOHN E. RANKIN, M. C.,
Chairman, Committee on World War Veterans' Legislation,
House Office Building, Washington, D. C.

MY DEAR CHAIRMAN RANKIN: In compliance with your order as chairman of the World War Veterans' Legislation, by reason of authority vested in you by House Resolution No. 192 of the Seventy-ninth Congress, I am now on the premises of the Veterans' Administration facility, Dearborn, Mich., having gone over the premises, and am now in conference with the manager, Mr. Guy F. Palmer, and the chief medical officer, Lt. Col. P. A. Waters.

I arrived here at approximately noon today from Fort Custer, Mich. As you note, the report was sent you from Fort Custer. With the exception of Roanoke, Va., NP Hospital, and the Huntington General Medical Hospital, Huntington, W. Va., this is the only veterans facility hospital that I have visited where no gossip of a critical nature was found before reaching the hospital.

The premises here are unusually clean and there is no confusion anywhere. Before coming to the building I walked around the grounds with an overseas World War veteran, who brought me here after my car went bad, and talked with some patients who were very happy and cheerful and stated that they received better care here than they had received at home. As I entered the administration building, the first person I met was a policeman (this is the first and only hospital where there was a policeman at the door). This amazed me so that I concealed my identity for a moment to see if I would get insulted with the usual policeman complex, but I did not. He smiled and cheerfully asked if there was anything he could do for me. I don't think he is the type that would

scare a veteran's wife, mother, or daughter. Neither does he have the traffic policeman's complex that you see around the speed traps of Melvindale and southern Dearborn.

The halls were scrupulously clean, and the girls in the front office very neat, tidy, and courteous. As is my usual custom, I go into the front office looking very much like a baboon or buffoon, which is quite easy for me to see, as the girls usually start making fun of me, but this did not happen here as it did at the one place in Ohio, which I visited. I can readily see that any citizen, any veteran, anyone coming to see a patient here, no difference in what walk of life they are, they will be received with the utmost courtesy at this hospital.

1. (a) Type of hospital: General medical.

(b) Procedure of admitting patients to hospital and type of services rendered on admitting ward:

Patients are examined, medication given, X-rays and laboratory work ordered, then transferred to treatment wards.

If patient is not given full examination on admission, he is given necessary medication according to condition, however, if he is very sick he is given examination immediately upon admission. Examinations are delayed only when admissions are very heavy.

PERSONNEL

1. (a) Physicians: There are 24 doctors in military service on duty at this hospital, 4 civilian doctors, and 2 naval doctors.

(b) Nurses: 1 chief nurse, 6 head nurses, and 46 staff nurses.

(c) Laboratorians: One laboratorian (bacteriology), one assistant laboratorian (bacteriology), one laboratorian (roentgenology), one assistant laboratorian (roentgenology), one under laboratory helper (bacteriology), and one pharmacist.

(d) Physical therapy technicians: One chief physical therapy technician, and two physical therapy technicians.

(e) Occupational therapy aides: None.

(f) Attendants: 1 supervisor of attendants, and 38 attendants on duty at the present time.

2. (a) Dietitians: One chief dietitian and one head dietitian on duty.

(b) Cooks: Four cooks, one baker, and one meat cutter on duty.

(c) Mess attendants: 41 mess attendants on duty, including part-time employees.

3. Administrative:

(a) Mr. Guy F. Palmer, manager.

(b) Lt. Col. P. A. Waters, chief medical officer.

(c) Mr. Elmer A. Jones, rehabilitation officer.

(d) Mr. Walter H. E. Scott, chief attorney.

(e) Mr. C. D. Robertson, adjudication officer.

(f) Mr. James Hallahan, supply officer.

(g) Mr. Silas E. McCulloch, utility officer.

(h) Mr. Floyd E. Wilhelm, finance officer.

4. Morale of personnel: It makes no difference what a person's religion or creed is, as there is no religious bigotry at this hospital. Everybody has the same attention and his religion is respected by all. All faiths hold services here, and in spite of the fact that this is a general medical hospital, even the Christian Science group has held services at this facility.

5. Sanitation and preparation of food: The dietetic department at this hospital is the cleanest and best equipped of any that I have visited in Virginia, West Virginia, or any other State.

I visited the canteen concession at this hospital and found that the fellow in charge is very big-hearted and does not overcharge the patients for any commodity. At times, he has even given free cigarettes to the patients, and no charge is made for cashing veterans' checks.

I shall go from here to Brecksville, Ohio, in accordance with your latest order, in spite of the fact that it has already been reported. And, as I stated in my personal letter from Ypsilanti, Mich., today en route here, my future work in reviewing the Dayton, Ohio, Hospital is going to require a conference with an ex-nurse, two ex-attendants, and three discharged patients. There is so much cockeyed gossip about the Dayton, Ohio, Hospital that I think they even gossip about themselves.

In case you order me to come to Washington at any moment, I can always be ready in an hour or so, if you will contact Mrs. Ramey at Jordan 0733

(she has osteomyelitis, but there is a phone at her bedside), or you can reach the Toledo secretary, Lenora Jones, at MA 7706.

If I do not hear from you I will remain in this part of the country until every inspection is completed and Mrs. Ramey has recovered.

Very truly yours,

HOMER A. RAMEY, M. C.

DEARBORN, MICH., April 9, 1945.

ADMINISTRATOR, VETERANS' ADMINISTRATION,

Washington 25, D. C.

DEAR SIR: Acknowledgment is made to your letter of April 2, 1945, concerning the second article by Albert Q. Maisel, entitled "Third-rate Medicine for First-rate Men," appearing in the April issue of the *Cosmopolitan*, in which reference was made to a Detroit case as an honorably discharged wounded veteran of Guadalcanal who broke into a store and stole \$1,500 and a gun.

The author of the story undoubtedly had reference to the case of Mitchell E. Lodzinski, C-3429580, a World War II veteran, who was disabled at Guadalcanal and subsequently discharged to his home in Hamtramck, Mich. This veteran in company with Arthur D. Davidowicz, also a World War II veteran who was disabled at Guadalcanal and later dishonorably discharged, were arrested for breaking and entering a Detroit saloon and taking cigarettes and a considerable sum of money. When the story concerning the arrest of the two veterans appeared in the Detroit Free Press, I immediately instructed our chief attorney to visit the Wayne County jail for the purpose of obtaining complete information in connection with the incident in order to determine whether the Veterans' Administration had fully discharged its responsibility and whether the facts in the case appeared to indicate the need for further action by such Administration. There is attached a thoroughly detailed report on both veterans as prepared by our chief attorney. There is also attached copy of report of neuropsychiatric examination in the case of Mitchell E. Lodzinski; also, copy of last rating showing a combined disability rating to a degree of 70 percent, for which the veteran is receiving pension in the amount of \$80.50 per month.

Since Arthur D. Davidowicz was dishonorably discharged from the military service, he is not entitled to any benefits from the Federal Government. The records fail to indicate that Mitchell E. Lodzinski was at any time a patient at this facility. However, on May 10, 1944, he submitted to a thorough examination including a neuropsychiatric examination in our out-patient service, and as a result of this examination his pension was increased from 50 to 70 percent.

Because of the fact that both boys had been wounded at Guadalcanal, the stories with reference to the arrest of both boys that appeared in the local newspapers created considerable sympathy, and as a result an official of Camp Legion, a rehabilitation center which was established several months ago by Mr. Ford and located within a short distance from this facility, appealed to the authorities to dismiss the charges against both boys in order to give them an opportunity to rehabilitate themselves at Camp Legion. Since the proprietor of the saloon and the local authorities were agreeable to such action, both boys enrolled at Camp Legion, and it is my understanding that they are still there and are conducting themselves to the satisfaction of the authorities at Camp Legion.

Very truly yours,

GUY F. PALMER, *Manager*.

[Office memorandum, U. S. Government]

JANUARY 31, 1945.

To: Manager.

From: Chief Attorney.

Subject: Lodzinski, Mitchell E., and Davidowicz, Arthur D.

In response to your verbal request on January 27, 1945, the undersigned contacted, first, the county jail and then the sergeant in charge of precinct No. 1, city of Detroit police station, on Beaubien, for the purpose of ascertaining the whereabouts of the above-named veterans reported to have been taken into custody by the police on January 26, 1945. I was referred to Inspector Ford, of the hold-up squad, at the same address, who ascertained that the veterans had just been transferred from the police station, precinct 1, to police custody, receiving hospital, Detroit. I immediately obtained a pass to the latter institution and awaited their arrival. Both parties were handcuffed to hospital carts when

brought in, but were released and directed to a room, where they were searched and their clothing changed to regular hospital attire. Both had bags of fruit, and there was some mention made of a special diet by the attendant.

They were then taken to an open ward containing about 20 beds and watched over by a uniformed officer and an attendant. There was no privacy whatever in the conversation held with them, and consequently it was not possible to get their stories at length. It appears, however, that representatives of the three metropolitan newspapers had gone over their stories very thoroughly, and, although written in newspaper style with a definite viewpoint, the facts are essentially correct.

Lodzinski has a claim with the Veterans' Administration and claims that he is getting \$80 per month. Although he has been out of the Army since August 10, 1943, he has had only two jobs—one at the G. D. X. on Grand Boulevard as a machinist, where he lasted 2 weeks. He quit because he could not stand the work and noise and dust. He got a job later with the Atlas Bottling Works as a truck driver and helper, but quit after 2 weeks because it was too heavy. He indicated he would accept hospitalization with the Veterans' Administration even at Fort Custer if necessary. He wants, however, to go to Florida, or some milder climate, where he thinks that his health will be improved, and to set up his business—probably citrus fruit.

Davidowicz stated he had a dishonorable discharge from the Marines, having served with the Fifth on Guadalcanal. He stated that he had already taken up his claim with Gil Brucker, State service officer of the VFW, about 5 months ago, and that he was working on it. As stated above, little can be done for him at the moment by the Veterans' Administration.

Officers Leffew and Dunleavy have been assigned to the case. The arrest, however, was made by the officer on the beat. They were charged with breaking and entering of a barroom on Mount Elliott Avenue and with taking cigarettes and \$1,800 in money.

I was not able to talk to the officers assigned to the case as they did not return to the precinct that afternoon. I did, however, talk briefly with the chief of detectives, Wencel, who stated that he had received a call from a prominent citizen exhibiting interest in the case. He stated that the officers would be in Monday morning at 8 a. m. if I cared to discuss the matter further with them.

On Monday, January 29, 1945, I called Chief Wencel who stated that Mr. Gil Brucker of the VFW was coming to his office to discuss the entire matter with police representatives and a representative of Mr. Ford. He asked that I sit in on the conference. I immediately went to the station at about 10:30 a. m. Present were Chief Wencel, the officers assigned to the case—Leffew and Dunleavy—the owner of the barroom, Mr. Garrity of the Veterans Information Center, Mr. Gil Brucker of the VFW, and the undersigned. After this group had waited from 10:30 until approximately 1 p. m., with no one from the Ford interests appearing or calling, it was agreed to have further conference at the call of Chief Wencel. During this period, Mr. Gil Brucker showed the police officers his record on the Davidowicz marine court martial, in which the testimony indicated that Davidowicz had been ordered with his company to advance on a certain objective, that a buddy had been wounded, he picked up the buddy and took him to a first-aid station but did not go back to his company; rather, he was found at Henderson Field that evening by another outfit and was returned to his own a few hours later. The officer advised him that he would have to stand trial for deserting his duty when they were returned to a rest station; this in spite, apparently, of an order directing the marines to rescue comrades wherever possible. It appears that company went through two later engagements in which Davidowicz participated, and it was not until he arrived in Australia that he was placed in confinement. He broke out of that confinement three times—the third time returning voluntarily. He was court-martialled and given 10 years at hard labor. When he was returned to the States, however, there was some indication of a mental disability (he fell on his head 10 years before his service in the marines, according to the records in St. Francis Hospital in Hamtramck). The Marine Corps did not agree that that had any bearing on his actions but gave him a dishonorable discharge, a seemingly lesser punishment than 10 years at hard labor. Because of that, however, he received no benefits from the Veterans' Administration and claims that he has a hard time getting any work. The VFW, through Mr. Brucker, is endeavoring to change the character of the discharge, probably through congressional action, but until they do it, the Veterans' Administration has no obligation toward this marine.

In conclusion it appears that the Veterans' Administration has done everything possible under present regulations for Mitchell Lodzinski and can do nothing for the other. Both boys might be susceptible to psychiatry in the nature of a big brother program—one where some older man, preferably a veteran, will be their confidant at all times and keep them out of mischief. Definitely, neither one will welcome professional psychiatric treatments as being too much discipline. It is believed that the boys should be separated, as Davidowicz, apparently, is the stronger minded of the two and has gotten into the most trouble. It is understood that the Ford interests finally arrived on January 30 and have agreed to take the boys to Camp Legion.

WALTER H. E. SCOTT.

MAY 10, 1944.

NEUROPSYCHIATRIC EXAMINATION

COMPLAINTS

"I get irritable. I get nervous. I don't know what to do with myself. I get nightmares. I don't feel like going to sleep. Everybody seems to be getting on my nerves. I get an idea that I should be going away somewhere. My back bothers me. When different weather changes, it gives me a lot of trouble. That's about all of my complaints."

HISTORY OF PRESENT CONDITION

Claimant states he has been having these various symptoms ever since he was injured at Guadalcanal while stationed with the submarines.

INDUSTRIAL RECORD

This claimant has not done any kind of work since he was discharged from service.

NEUROLOGICAL EXAMINATION

Claimant is a rather thin, poorly nourished and poorly developed white male who has an extensive crucial scar in the intervertebral border of the lower one-third of the left scapula and also at the angle of the scapula. There is some mild atrophy of the infraspinatus and subscapularis muscles on the left. There is a generalized acne rosacea involving the face, back of the chest, and distributed over the shoulders. Pupils are round and equal and react to light and accommodation. Romberg is negative. Babinski is negative, bilaterally. Patellar reflexes are not increased. Achilles reflexes are normal. Biceps and triceps reflex responses are normal. There is considerable limitation in upward extension of the left arm. Biceps and triceps reflex responses are normal, bilaterally and equal.

MENTAL EXAMINATION

This claimant appears quite dejected and despondent. He is indifferent and appears to be considerably concerned over the fact that he is very irritable and can't get along with people and prefers to be by himself. He looks much older than he was previously. He looks much older than his chronological years due to the fact that he is so dejected and also has a beard, the goatee type, which, he states, he wears for company, and he doesn't like to shave. Has insight into his condition. He is apprehensive, very retiring, unassuming type, who volunteers no information whatsoever. He claims he cannot work because he is too tired all the time. He does not feel well enough. Psychomotor activity is moderately increased. Volitional field is restricted. Rationalization is considered adequate. He does not entertain any delusions or hallucinations. He lacks social inclination and is chiefly concerned about his own physical condition. His industrial and social adjustment is inadequate.

DIAGNOSIS

(1084) Psychoneurosis, hysteria, war neurosis. Inadequate industrial and social adjustments.

H. R. ROTHMAN,
Major, Marine Corps,
Neuropsychiatrist.

RATING SHEET

JUNE 27, 1944.

Claimant's name: Lodzinski, Mitchell E.—C-3429580.

Occupational determination:

Dates enlisted: October 2, 1941. Dates discharged: August 10, 1943.

Character of discharges: Honorable (M. S.). Dates of last examination: May 10, 1944.

In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed

1. Ten percent from August 11, 1943, to May 9, 1944. Fifty percent from May 10, 1944. Incurred in service in World War II. Regulation 1 (a), part I, paragraph 1 (a). 3100 Psychoneurosis, hysteria, war neurosis. In combat.

1. Thirty percent from August 11, 1943. Incurred in service in World War II. Regulation 1 (a), part I, paragraph 1 (a). 3164 Scars G. S. W. shoulder girdle muscles, left, injury moderately severe, muscle groups II and IV. Rated as severe injury, muscle group II. In combat.

Combination: Fifty percent from August 11, 1943, to May 9, 1944. Seventy percent from May 10, 1944.

A vocational handicap exists (Public Law 16, 78th Cong.).

J. L. KELLIHER, M. D.,
Rating Specialist, Medical.

JOHN W. MUSGRAVE,
Rating Specialist, Occupational.

Rating Board No. 2.

Veterans' Administration, Dearborn, Mich.

The CHAIRMAN. Any question? Any further statement, Mr. Ramey?

Any questions anyone wants to ask him?

Mr. RAMEY. I have an airplane reservation to Cleveland if I may be excused until Thursday morning.

The CHAIRMAN. I understand you would like to make an additional statement later.

Mr. RAMEY. Yes. I do want to make a statement about the two Ohio cases.

Thank you very much.

Mr. AUCHINCLOSS. Now, Mr. Chairman, I am ready to go on tomorrow morning or in the afternoon.

The CHAIRMAN. Mr. Scrivner?

Mr. SCRIVNER. I have one or two hospitals I visited, one alone and one with Mr. Bennett.

I would like to take the one I visited alone first, and then the other Thursday afternoon.

The CHAIRMAN. As far as I am concerned I am contemplating holding our hearing in the morning. I understand the House is going to be in session. Tomorrow is Memorial Day.

Mr. SCRIVNER. I have made some other plans for in the morning.

The CHAIRMAN. You do not object to the rest of them?

Mr. SCRIVNER. No.

Mr. AUCHINCLOSS. Is Mr. Scrivner going to be absent tomorrow morning?

The CHAIRMAN. Yes.

Mr. AUCHINCLOSS. I will go on tomorrow morning, then.

STATEMENT OF HON. ERRETT P. SCRIVNER, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF KANSAS

Mr. SCRIVNER. Mr. Chairman, on Thursday, April 12, I visited the veterans' facility at Wichita, Kans.

This is a combined regional office and general surgical and medical hospital.

The CHAIRMAN. What is the capacity?

Mr. SCRIVNER. It has a capacity of 252 beds, of which 199 were occupied and 53 were vacant.

I arrived at the hospital about 9:30 in the morning, remaining there until 4:30 in the afternoon, and during part of that time I was accompanied by Mr. Lee Kemper, who is the State commander of the American Legion at this time.

The manager of this facility and this region is Mr. Sowards, who was formerly chief attorney at the Wichita facility.

Mr. McQUEEN. What is his name?

Mr. SCRIVNER. L. N. Sowards, S-o-w-a-r-d-s.

In this hospital the staff consists of nine doctors and one dentist, three of the doctors being there on assignment from the Army.

It is necessary at this facility to make use of some of the doctors on the rating board, especially when part of the staff is on leave, and with some of them being on the rating board it sometimes handicaps them in giving as much time to patients as they would like to.

The CHAIRMAN. Do you have the ratio of patients?

Mr. SCRIVNER. I have that ratio worked out entirely.

There are 27 nurses authorized at this facility, 26 of the positions are filled—in other words, there was 1 nurse position vacant at that time, and the indication was that nurse was expected there.

They need one physical therapy technician, an occupational therapy aide, and four hospital attendants and eight mess attendants.

I might say that in that area there are a large number of war plants, and almost anyone could get employment at that time running all the way from \$7.50 to \$9 or \$10 a day, and I think that many of these attendants should be particularly commended on the fact that they have stayed on the job in spite of the fact that their pay is comparatively low.

They have stayed on the job because I think probably they consider it more as a profession than as a job. They are proud of the work they are doing.

I have talked to some of them.

The CHAIRMAN. You did not find any shortage of help there?

Mr. SCRIVNER. Yes. Yes—to fill their staff they need four hospital attendants and eight mess attendants.

I might say in passing that I have been in this facility many times and among the patients are a number of men I have known personally anywhere from 30 years on up to the last five.

I went into the kitchen and they do have a well-staffed kitchen and the dietitian was particularly proud of the chef there; the dietitian knew her business, apparently, and was very proud of the work she was doing; and she furnished menus—and, possibly being a little skeptical I did not ask just for the menu of that particular week because I thought possibly they might have read that there would be a congres-

sional investigation, so I went a month back and then into the previous fall. So that there are three sets of menus I have had attached to this showing the type of food, the type of diet, and all the meals that have been served there over a period of some time.

I stepped into the mess line—it is cafeteria style—stepped into the mess line between two patients, so that there was no possible chance of anything particularly being set on my tray, because I just picked up the one that was there at the time I stepped in.

The food was good, it was well seasoned; there was no splashing or anything like that on the tray; it was palatable, and it was tempting not only to the taste but the eye as well.

I went through the ice boxes and all of their storage places which, as Mr. Cunningham pointed out, were immaculate; the refrigerators were all defrosted and sterilized at least once each week.

She stated that in spite of the fact that in some places there had been difficulty in obtaining food, at that hospital they had not run into any particular difficulty in food supply but during the time she had been there she had had no complaints about food or its adequacy or the way it was served.

During the course of the day I talked to 50 or 75 men; I went into the wards where they were served on trays, and I found no complaint with the food or the manner in which it was served, with one exception, the statement that when the food on the trays arrived at bedside sometimes it was cooler than it should be to be palatable.

I did observe in the kitchen that a great many of their kitchen utensils are badly worn and battered. In other words, they had not been replaced during recent years, possibly due to the impossibility of buying them on the market.

I went into the operating rooms, and, while they were immaculate and well cleaned, the operating lights are the original installation from some 20 years ago and are not the modern shadowless lights that we see in the better operating rooms today.

The X-ray equipment was also the original installation and the X-ray technician said they had encountered difficulty with the machine almost every day due to shorts, and largely due to the fact it was practically worn out.

The fluoroscope was also obsolete, and the bedside X-ray was no longer usable.

I questioned the manager and the chief medical officer on these things and they indicated that there had been some discussion about requisitioning new equipment but for some reason or other it just had not been done.

I think perhaps there would be some improvement in that hospital there.

I talked to the pharmacist, a man I have known for many years, and he said he had the most complete supply of drugs in his pharmacy that it was possible to obtain, that there was absolutely nothing he did not have or, if he did not have, could not get almost on notice, and at no time had he ever been short.

The laboratory technicians, two of whom I knew, said they had been supplied with every piece of paraphernalia, and that they had not only the needed equipment but the help necessary.

In the hospital itself there is a canteen concession which is quite large, it is well lighted, it was cleanly, and what little cooking they

did there was on a small electric plate. The utensils all were clean, the dishes were clean, and the entire concession was quite pleasant.

They had quite a large stock of merchandise, the prices were all in keeping with the prices downtown, and the prices of meals that were served there, particularly to the visitors who came to visit the veterans, were very reasonable.

They have a large game room, recreation room, and a well-stocked and a well-lighted library.

In this particular facility I inquired of the chief medical officer and found they make little or no use of local consultants downtown, although Wichita has a large number of outstanding specialists on various lines of medical practice.

The only use of a consultant is the eye, ear, nose, and throat man, who comes in for 2 or 3 hours in the mornings, and as far as his work is concerned, there is some question as to whether his work is what it should be or not.

This hospital has a good deal of out-patient service.

The clinical office reported that during March they had given 110 out-patient treatments, of which 46 were general medical; that is, largely post-operative dressings; 1 was eye, ear, nose, and throat; 7, NP; 6, post-operative, surgical; 1, heart; and 24, physiotherapy. Most of them, I think they said, had arthritic or rheumatic conditions; two were dental out-patients.

The out-patient and diagnosis service is 1,050 examinations for pensions, insurance, and hospital admissions.

The chief of reception and out-patient service is Dr. H. G. Shelly, a doctor who has been with the Veterans' Bureau since 1922, practically all of the time at Wichita, and since 1925, during the years that I have been active in American Legion work, Dr. Shelly has been the source of a great many complaints from veterans and veterans' organizations that I consider quite reliable, and their chief complaint is his attitude is one entirely lacking sympathy toward the veteran.

I questioned him about it, and although I asked him, he denied that there had ever been a time when he had tried to dictate to the rating board or anyone else whether any particular veteran should receive compensation; but the information I get is so reliable that it seems to me there must be some ground for believing that many times he does show an undue bias and undue activity in the rating of veterans' cases. I talked to Dr. Shelly about many things, and one statement that seemed rather odd to me was this statement which he made, and these are his words: "NP's should not be given compensation. It is harmful." And he also stated that he discouraged hospitalization for NP cases. And that is borne out by the fact of one instance which arose where an NP case about 100 miles from this hospital—they attempted to get him in, and the buck was passed considerably, until the man was held in the local jail for 72 hours, and they finally got him into Wadsworth Hospital, which is considerably farther from his home than the Wichita Hospital is.

One of the three Army officers that has been assigned to duty at the veterans' hospital at Wichita is a Major Holden who, it seems odd to me, is also a member of the rating board.

He has absolutely, and he so stated, he has absolutely no sympathy for neurotic or psychiatric cases, and stated to me his belief that nerv-

ousness was not sickness and there was no need for or benefit to be received from hospitalization, and he made this further statement, that a lot of these men are just fakers and they are just seeking compensation.

Now, with an attitude like that, expressed as it was to me, it seemed unfair to the veteran and absolutely unjust, and it should be corrected immediately. It seems absolutely unjust that a member of a rating board who has made that statement should be a member of the rating board, because he cannot be unprejudiced or absolutely equitable when he sits down to rate these cases coming up before him.

Mr. CUNNINGHAM. In other words, he has disqualified himself.

Mr. SCRIVNER. In other words, he has disqualified himself by reason of his prejudice, and that is a situation which I think the Veterans' Administration should remedy immediately.

Now, this attitude is indicated by report by the American Legion service officer who is on duty there as a full-time service officer, which shows in 4 months there has been 14 rejected NP claims, two denials of appeals, and one reduction in rating.

There seems to be a distant antipathy to receiving NP patients in this hospital, although they do have some space for them.

One other member of the staff who was not there during my visit is a Dr. Isidore Zerlin, and the veterans in and around Wichita state without any reservation whatsoever that Dr. Zerlin has absolutely no sympathy whatsoever for veterans, that his attitude is arrogant and insolent to veterans, and that when veterans go in and complain of different illnesses or other disabilities all they get is more or less scoffing and an attitude that they are just in there for the purpose, as the other doctor suggested, of seeking compensation.

An attitude on the part of a physician like that is not a healthy situation, and I think probably in this case, too, the Veterans' Administration should take some remedial action.

The most common complaint we received about that hospital that has really had any serious effect at all, or results, was the complaint that these men, as they come in to the hospital to go through the receiving ward, meet with entirely too much delay.

As I stated before, I know so many of these men personally, they are men who have found themselves ill or they find themselves in need of hospital treatment and are there for that, and they feel that the delays that they encounter are too great. What they want is to go in and find out what is wrong, get fixed up, and go back again on the job.

Mr. CARNAHAN. Did you find how long they are in the receiving ward?

Mr. SCRIVNER. In one case the man was there 3 weeks.

As soon as they got out of the ward the treatment was exceptionally good; the praises I will come to later are almost too good to be true.

Mr. CUNNINGHAM. In the receiving ward did you find out if they were getting any treatment, as they get at the Rochester clinic?

Mr. SCRIVNER. Well, all this was to determine what the man's condition was.

Now, some of that may be because the man in charge of the medical receiving ward, a man by the name of Dr. Purvis, is at least 70 years old. I think he has been called back from retirement, and the burden is probably just too great for him, and it might be that some younger doctor put in there might be able to expedite the thing, and I think

probably his advanced years and the strain of the work may account for some of the complaints made of Dr. Purvis, that his attitude was unpleasant and rather unsympathetic.

The morale of the hospital employees and the patients, as I saw it, was very good.

There were two wards, one of them under Dr. W. I. Hinkle and Dr. E. M. Fitzgerald, and the men in those wards had nothing but the highest of praise for these two doctors.

Apparently they were not concerned so much with the hours they put in, because the men told me these doctors were on duty day and night, and every man I talked to was loud in his praise of these two doctors particularly.

Now, the Gray Ladies of Wichita do a great deal of work in this hospital, and all these patients, and I talked to a good many of them, said if it were not for the Gray Ladies and their help it would be almost impossible to get along, and it would be impossible for the nurses to give as much attention to the patients as they now do.

As far as this hospital is concerned my particular recommendations are these:

First, that surgical lights, X-ray equipment, and fluoroscope be replaced at the earliest possible moment.

Second, that many of the kitchen utensils, now old and badly worn, should be replaced.

Many of the wards are dark and somewhat dingy. It would not be too much trouble to put a little colored coat of paint on those wards and brighten them up considerably.

In view of the condition I found in Wichita the fourth recommendation is rotation of places of service of all on duty there more than 4 or 5 years, particularly Dr. Shelly and Dr. A. R. Pearce, both of whom have been at this one facility for more than 20 years.

The fifth recommendation is that Major Holden as a consultant and member of the rating board should be replaced.

Sixth, in view of the fact that I did not have the opportunity to do so myself, there should be a further investigation of the complaints against Dr. Zerlin.

The seventh is the recommendation of the separation of regional office from the hospital itself because there seems to be a great deal of conflict between the duties of the various personnel as to the regional office and the hospital.

Special commendations for Dr. Fitzgerald and Dr. Hinkle; and second, to the Gray Ladies of Wichita, for their assistance and service, without which the hospital would be greatly handicapped.

That covers in a general way.

Now, I have, Mr. Chairman, a report of the irregular discharges at Wichita covering a period from April 1, 1943, to March 31, 1945, which are broken down into World War I and World War II and Spanish-American—and I do not know what this other is—there is only one of them—oh, it is civilian—civil service is what it is.

It shows the a. w. o. l.'s under the various branches of general medical and surgical, the psychiatric, the TBC, and the ONP's. It gives the total number of admissions during the period of that total number of discharges, and of course, with the ones that are there now, it makes up the entire roster.

Then that is further broken down to show the number of patients under treatment at the present time of 172, 148 of which are general medical and surgical, 1 psychiatric, 2 TB, and the other 21 ONP.

Now, the nursing personnel.

As I stated a while ago, there is one vacancy.

There are no vacancies on the medical staff, which has a complement of 10, and the ratio of doctors to patients is 1 doctor to each 20.5 patients.

There is 1 nurse to each 10.5 patients.

That is the Wichita Facility.

Now, in addition to that, Mr. Chairman, I have here the menus for April 9, which was the day I concluded my visit there; also the week of January 29 and the week of October 2, so that it will give—a study of those will show the balance and the type of diet and meals that are being served there.

The CHAIRMAN. We will be glad to have that for the record.

Mr. SCRIVNER. At my request the manager had prepared for me a break-down of the personnel, including himself, giving his full name, his official position, date of his birth, place of his birth, and type of education which he has had, the Army service, experience, if any, the type of medical or professional experience he has had, and the Government service he has performed, together with the salary he is being paid at the present time.

Without going into detail about this I would like to add those as part of the report of the Wichita Facility.

The CHAIRMAN. Do you want those to go into the record?

Mr. SCRIVNER. I think so, if the Chair wishes.

The CHAIRMAN. Yes. It is all right.

Mr. SCRIVNER. It gives a picture of the personnel that you cannot have by just saying they have 10 doctors.

The CHAIRMAN. They can go into the record.

Mr. SCRIVNER. I am turning them over to counsel.

I think, Mr. Chairman, that covers my report of the Wichita Hospital.

Mr. CUNNINGHAM. Mr. Scrivner, do you find the Gray Ladies help the morale?

Mr. SCRIVNER. Yes.

They are not the same ones each day. There are different ones that come in each day, and that gives these men just a little touch of home and mother that they do not get otherwise.

They do not have the same attitude toward the men that your professional nurse has; they are able to do little personal errands. If a man is in the hospital and he is short of something that somebody can get downtown, these Gray Ladies have been very accommodating. They have done anything.

Not only that, some of the patients, where these Gray Ladies and perhaps some of their men folk have made visits out there and become acquainted with some of the patients that are there, they have been invited into their homes in Wichita, and it gives a man a welcome break that I think is good for the morale and does not interfere with the progress or treatment.

Mr. CUNNINGHAM. It has a wholesome effect.

Mr. SCRIVNER. I do not think you could pay any compliment too great to the work that they have been doing in these hospitals.

Mr. McQUEEN. Now, Mr. Scrivner, you have been very active in the Legion out there. I know that from personal experience, and you have had experience, yourself, in hospitals?

Mr. SCRIVNER. Yes. Some time ago I put in—6 months after my discharge from the service I was back in veterans' hospitals for 19 months. Then I did not go back in again; following discharge from the hospital, I did not go back in again until 1926, when I was in again for a little over 5 months.

Mr. McQUEEN. In addition to that, you are the holder of the Purple Heart out of the last war?

Mr. SCRIVNER. That is right.

Mr. McQUEEN. Now, let me ask you this: From your observation as a patient in these hospitals, both immediately after the war and after 1926, from purely a layman's standpoint, too, and as a patient, what was your observation and what would be your observation and statement as to the way the hospital was generally conducted for the patient?

Mr. SCRIVNER. Well, there is no comparison between the hospitals as they are today and as they were immediately after World War I.

Part of the time I put in was in a contract hospital, and I certainly would not advocate at this time any widespread use of contract hospitals unless they have changed greatly.

In 1926, the hospitals had improved greatly over what they were in 1920, and during the past 15 years I have visited many veterans' hospitals, having therein many friends, and I think the hospitals have improved considerably since 1926.

Mr. McQUEEN. Your observation of the hospitals in 1926 was as a patient?

Mr. SCRIVNER. As a patient.

Mr. McQUEEN. Your observation since that time was as an officer of the American Legion, and your personal interest in your friends?

Mr. SCRIVNER. That is right.

Mr. McQUEEN. Now, would you state for the record what veterans' hospital you were in in 1926.

Mr. SCRIVNER. I was in the hospital at Twenty-seventh and the Paseo in Kansas City, Mo., which has since been abandoned.

Mr. McQUEEN. Has been abandoned?

Mr. SCRIVNER. I will say this, the care—even at that time, the care given by the doctors and nurses left nothing to be asked for. They were considerate, they were courteous, they had an interest in getting the patients well and getting them out.

Mr. McQUEEN. Now, summing up your testimony here on the hospital at Wichita, with the 11 doctors on duty, other than the 4 doctors which you have gone into detail with here, the hospital, in your opinion and from your investigation, was properly run and operated?

Mr. SCRIVNER. I made the statement then, and in answer to an inquiry I would make it now, that if I needed hospital care today as a veteran I would not hesitate for a minute to go into either one of the three hospitals that I visited, either Wichita, Wadsworth, or Excelsior Springs.

I will say that Wichita did not measure up as well as Wadsworth, and Excelsior Springs did not measure up as good as Wichita.

I will go into those hospitals a little later on.

Mr. McQUEEN. But your observation from the treatment end of the hospital, even at Wichita, was everything that could be expected; your report would indicate that it was the attitude of the doctors as used on the rating board more than on the treatment which they gave the patients. Is that right?

Mr. SCRIVNER. Yes. I think the greater number of complaints relate to the personal make-up of the personnel rather than the medical—I know—I talked to so many—I talked to one colored lad who had been in three hospitals and then finally got into this Wichita Hospital, and this Dr. Hinkle had taken care of him, but his statement was just like the rest of them, that Dr. Hinkle could just have anything they had, because he had done such a remarkable job.

Mr. CUNNINGHAM. Mr. Scrivner, did you at any time contact any veterans or groups of veterans who had been patients in these hospitals?

Mr. SCRIVNER. Yes.

I did not consider my visit, Mr. Chairman, investigations.

I tried to make that perfectly plain, that the purpose of the visit was to get a picture of the hospitals as they existed, and with what we learned there, to form some basis of the extent and scope that this investigation should eventually take.

After I visited Excelsior Springs and Wadsworth, on Friday night my American Legion post, which has a membership of around 700 now, had a regular meeting and notified the members that I was going to speak.

There was an overflow meeting of some 250 in the room and I do not know how many outside the door, and I took the opportunity after I had talked about some of those things, I asked how many of those men present had been at any time a patient in any veterans' hospital, and I doubt if there was over half a dozen men in that entire gathering who did not hold up their hand signifying that they had been patients.

Then I asked how many of them had any kind of complaints to make relative to veterans' hospitals that they had been in.

No one held up their hand.

And then I suggested they might be a little timid, that I was still the same man I was and had been for the past several years and they could take their hair down and talk to me in absolute confidence and after the meeting was over I would stay there all night if I had to listen to them, and after the meeting was over, although I personally spoke to probably 150 of the men, I received not a complaint as to the care and treatment they had received.

Mr. McQUEEN. I want to introduce for Mr. Scrivner the menus of the dates indicated, and the break-down as to the discharges, and the break-down that he has made from his figures of the admissions, and the ratio of doctors and nurses to patients.

And then I want to put in the record the personal history or professional history of each of the doctors, the manager, and the nurses of the hospital.

Mr. SCRIVNER. I think that includes the manager, the chief of nurses, the chief dietitian, and the members of the medical staff.

Mr. McQUEEN. And all the medical staff.

(The documents referred to follow:)

VETERANS' ADMINISTRATION, WICHITA, KANS.

Irregular discharges, Apr. 1, 1943, to Mar. 31, 1945

	Absent without leave				Against medical advice			
	General medical-surgical	Psychiatric	Tuberculosis	Other neuro-psychiatric	General medical-surgical	Psychiatric	Tuberculosis	Other neuro-psychiatric
World War I.....	11	0	0	0	32	0	1	5
World War II.....	7	0	0	2	20	0	3	7
Spanish-American War.....	0	0	0	0	2	0	0	0
Peacetime.....	1	0	0	0	1	0	0	0
Total.....	19	0	0	2	55	0	4	12

Patients under treatment Mar. 31, 1945

General medical-surgical.....	148
Psychiatric.....	1
Tubercular.....	2
Other neuropsychiatric.....	21
Total.....	172
Total number admissions during period.....	3, 829
Total number discharged.....	3, 799
Cured.....	897
Maximal benefit allowed.....	2, 129
Others.....	773
Apr. 1, 1943, to Mar. 31, 1945:	
Admissions.....	3, 829
Discharges:	
Cured.....	897
Maximal benefit allowed.....	2, 129
Irregular.....	82
Deaths.....	691
	3, 799
Mar. 31, 1945:	
Patients under treatment:	
General medical-surgical.....	148
Psychiatric.....	1
Tubercular.....	2
Other neuropsychiatric.....	21
	172

Nursing personnel, as provided by table of organization, 25; vacancy, 1.

Medical staff, as provided by table of organization, 10; no vacancies.

Ratio:

Doctors to patients.....	1 to 20.5
Nurses to patients.....	1 to 10.5

Regular diet menu, week of April 9-15, 1945, Wichita, Kans.

APRIL 9, 1945

APRIL 9, 1945—continued

Breakfast:

Ralstons.
Canned plums.
Dry cereals, cream.
Hot cakes, sirup.
Butter.
Coffee.

Dinner:

Ham loaf, horseradish.
Glazed sweetpotatoes.
Creamed peas.
Cornbread, butter.
Rice raisin pudding.
Coffee, tea, milk.

Regular diet menu, week of April 9-15, 1945, Wichita, Kans.—Continued

APRIL 9, 1945—continued

Supper :

Pea soup, crackers.
 Baked Omelet.
 Hashed brown potatoes.
 Tomato and lettuce salad, mayonnaise.
 Bread, butter.
 Oatmeal cookies.
 Coffee, tea, milk.

APRIL 10, 1945

Breakfast :

Grapefruit.
 Cream of Wheat.
 Dry cereals, cream.
 Crisp bacon.
 Toast, butter.
 Coffee.

Dinner :

Roast beef, brown gravy.
 Mashed potatoes.
 Sauté onions.
 Celery hearts, carrot strips.
 Bread, butter.
 Apple cobbler.
 Coffee, tea, milk.

Supper :

Vegetable soup, crackers.
 Italian spaghetti.
 Buttered carrots.
 Head lettuce, French dressing.
 Hard rolls, butter.
 Prune whip, custard sauce.
 Coffee, tea, milk.

APRIL 11, 1945

Breakfast :

Tomato juice.
 Rolled oats.
 Dry cereals, cream.
 Soft-cooked egg.
 Toast, butter.
 Coffee.

Dinner :

Steamed frankfurters, mustard.
 Sauerkraut.
 Whipped potatoes.
 Dill pickles.
 Finger rolls, butter.
 White cake, peanut-butter icing.
 Coffee, tea, milk.

Supper :

Cream of tomato soup, crackers.
 Sausage, creamed potatoes.
 Stewed corn.
 Apple-date salad.
 Bread, butter.
 Fruit Jello.
 Coffee, tea, milk.

APRIL 12, 1945

Breakfast :

Stewed peaches.
 Cream of wheat.
 Dry cereals, cream.
 Crisp bacon.
 Toast, butter.
 Coffee.

Dinner :

Hamburgers, catsup.
 Macaroni and tomatoes.
 Buttered turnips.
 Sliced onion.
 Cottage buns, butter.
 Vanilla ice cream, chocolate sauce.
 Coffee, tea, milk.

Supper :

Potato soup, crackers.
 Dried beef, latin style.
 Steamed rice.
 Pear salad, cheese dressing.
 Bread, butter.
 Caramel pudding.
 Coffee, tea, milk.

APRIL 13, 1945

Breakfast :

Royal-Anne cherries.
 Ralston.
 Dry cereals, cream.
 Fried egg.
 Toast, butter.
 Coffee.

Dinner :

Cream-of-corn soup, crackers.
 Baked cod.
 Potato au gratin.
 Stewed tomatoes.
 Head lettuce, Thousand Island dressing.
 Bread, butter.
 Pumpkin pie.
 Coffee, tea, milk.

Supper :

Tomato bouillon, crackers.
 Sardines, lemon slices.
 Creamed potatoes.
 Buttered peas.
 Vegetable salad.
 Bread, butter.
 Peaches.
 Coffee, tea, milk.

APRIL 11, 1945

Breakfast :

Stewed apricots.
 Cream of wheat.
 Cream, dry cereals.
 Crisp bacon.
 Toast, butter.
 Coffee.

Regular diet menu, week of April 9-15, 1945, Wichita, Kans.—Continued

APRIL 11, 1945—continued

Dinner :

Beef stew with mixed vegetables.
 Buttered noodles.
 Cole slaw.
 Hot biscuits, butter.
 Graham-cracker pudding.
 Coffee, tea, milk.

Supper :

Broth with vermicelli, crackers.
 Sauté pork chops.
 Boiled lima beans.
 Buttered spinach.
 Bread, butter.
 Fruit cup.
 Coffee, tea, milk.

APRIL 15, 1945

Breakfast :

Oranges.
 Rolled oats.
 Dry cereals, cream.
 Soft cooked egg.
 Toast, butter.
 Coffee.

APRIL 13, 1945—continued

Dinner :

Vegetable soup, crackers.
 Swiss steaks.
 Whipped potatoes.
 Buttered asparagus.
 Radishes, green onions.
 Hot rolls, butter.
 Frozen pudding, ice cream.
 Coffee, tea, milk.

Supper :

Soup, crackers.
 Tunanoodle casserole.
 Stewed tomatoes.
 Banana-peanut butter salad.
 Mayonnaise.
 Bread, butter.
 Chocolate pudding.
 Coffee, tea, milk.

Regular diet menu, week of January 29-February 4, 1945, Wichita, Kans.

JANUARY 29, 1945

Breakfast :

Grapefruit.
 Cream of Wheat.
 Dry cereal, cream.
 Hot cakes, sirup.
 Butter.
 Coffee.

Dinner :

Roast beef, brown gravy.
 Potatoes in jackets.
 Buttered turnips.
 Pickles.
 Bread, butter.
 Cherry cobbler.
 Coffee, tea, milk.

Supper :

Broth with barley, crackers.
 Breaded pork chop, cream gravy.
 Steamed rice.
 Apple raisin salad.
 Bread, butter.
 Fruit whip.
 Coffee, tea, milk.

JANUARY 30, 1945

Breakfast :

Royal Ann cherries.
 Rolled oats.
 Dry cereal, cream.
 Scrambled eggs.
 Toast, butter.
 Coffee.

JANUARY 30, 1945—continued

Dinner :

Saute liver.
 Creamed potatoes.
 French fried onions.
 Celery and carrot strips.
 Bread, butter.
 Tutti-frutti ice cream.
 Coffee, tea.

Supper :

Vegetable soup, crackers.
 Corn pancakes, syrup.
 Crisp bacon.
 Stewed tomatoes.
 Bread, butter.
 Plums.
 Coffee, tea, milk.

JANUARY 31, 1945

Breakfast :

Canned figs.
 Dry cereals, cream.
 Cream of Wheat.
 Soft cooked egg.
 Toast, butter.
 Coffee.

Dinner :

Braised frankfurters, mustard.
 Sauerkraut.
 Mashed potatoes.
 Sliced orange salad, French dressing.
 Bread, butter.
 Mince pie.
 Coffee, tea, milk.

Regular diet menu, week of January 29–February 4, 1945, Wichita, Kans.—Con.

JANUARY 31, 1945—continued

Supper:

Tomato bouillon, crackers.
Baked hash.
Buttered green lima beans.
Vegetable salad.
Hard rolls, butter.
Fruit Jell-O.
Coffee, tea, milk.

FEBRUARY 1, 1945

Breakfast:

Tomato juice.
Ralstons.
Dry cereals, cream.
Crisp bacon.
Toast, butter.
Coffee.

Dinner:

Baked ham.
Baked sweet potato.
Buttered spinach.
Mustard pickles.
Cornbread, butter.
Apple Betty.
Coffee, tea, milk.

Supper:

Vegetable soup, crackers.
Welsh rabbit on toast.
Steamed potato.
Buttered string beans.
Mixed vegetable salad.
Bread, butter.
Chilled pineapple.
Coffee, tea, milk.

FEBRUARY 2, 1945

Breakfast:

Stewed prunes.
Cream of Wheat.
Dry cereals, cream.
French toast, sirup.
Butter.
Coffee.

Dinner:

Cream-of-tomato soup.
Chilled salmon, lemon slices.
Potato au gratin.
Buttered parsnips.
Bread, butter.
Grapefruit salad, French dressing.
Applesauce cake.
Coffee, tea, milk.

FEBRUARY 2, 1945—continued

Supper:

Cream soup, crackers.
Sardines.
Potato chips.
Escalloped asparagus.
Molded fruit salad.
Mayonnaise.
Cornflake cookies.
Coffee, tea, milk.

FEBRUARY 3, 1945

Breakfast:

Rhubarb.
Rolled oats.
Dry cereal, cream.
Fried eggs.
Toast, butter.
Coffee.

Dinner:

Meat loaf, horseradish.
Macaroni and tomatoes.
Stewed corn.
Lettuce salad, Thousand Island dressing.
Bread, butter.
Chocolate pudding.
Coffee, tea, milk.

Supper:

Vegetable soup, crackers.
Boston baked beans.
Buttered spinach.
Cole slaw.
Bran muffins, butter, jelly.
Fruit cup.
Coffee, tea, milk.

FEBRUARY 4, 1945

Breakfast:

Banana.
Cream of Wheat.
Dry cereal, cream.
Bacon.
Toast, butter.
Coffee.

Dinner:

Vegetable soup, crackers.
Swiss steak.
Whipped potatoes.
Buttered wax beans.
Sweet pickles.
Hot rolls, butter.
Vanilla ice cream, chocolate sauce.
Coffee, tea, milk.

Supper:

Broth with vermicelli, crackers.
Cold cuts.
Potato salad.
Perfection salad.
Bread, butter.
Jelly roll.
Coffee, tea, milk.

Regular diet menu, week of October 2-8, 1945, Wichita, Kans.

OCTOBER 2, 1945

Breakfast:

Plums.
 Cream of Wheat.
 Dry cereals, cream.
 Soft-cooked egg.
 Toast, butter.
 Coffee.

Dinner:

Saute liver.
 Spaghetti and tomatoes.
 Cabbage salad, cream dressing.
 Bread, butter.
 Spanish ceam, lemon sauce.
 Coffee, tea, milk.

Supper:

Soup, crackers.
 Creamed dried beef on toast.
 Buttered rice.
 Sliced orange salad, french dressing.
 Hot biscuits, butter, jelly.
 Fruit cup.
 Coffee, tea, milk.

OCTOBER 3, 1945

Breakfast:

Grapes.
 Ralstons.
 Dry cereals, cream.
 Hot cakes, sirup.
 Toast, butter.
 Coffee.

Dinner:

Breaded pork chop.
 Broiled apple rings.
 Glazed sweetpotato.
 Buttered spinach.
 Bread, butter.
 Spice cake.
 Coffee, tea, milk.

Supper:

Soup, crackers.
 Steamed frankfurters.
 Steamed shredded cabbage.
 Macaroni and tomatoes, cheese.
 Pickles.
 Finger rolls, butter.
 Peaches.
 Coffee, tea, milk.

OCTOBER 4, 1945

Breakfast:

Royal Ann cherries.
 Grits.
 Dry cereal, cream.
 Broiled bacon.
 Toast, butter.
 Coffee:

OCTOBER 4, 1945—continued

Dinner:

Veal cutlets, catsup.
 Creamed potatoes.
 Baked squash.
 Perfection salad, mayonnaise.
 Bread, butter.
 Cherry cobbler.
 Coffee, tea, milk.

Supper:

Soup, crackers.
 Broiled liver.
 Hash brown potatoes.
 Cabbage-carrot-celery salad.
 Bread, butter.
 Graham-cracker pudding.
 Coffee, tea, milk.

OCTOBER 5, 1945

Breakfast:

Stewed prunes.
 Cream of Wheat.
 Dry cereal, cream.
 Scrambled eggs.
 Toast, butter.
 Coffee.

Dinner:

Braised short ribs.
 Mashed potatoes, brown gravy.
 French-fried onions.
 Pickles.
 Bread, butter.
 Chocolate sundae.
 Coffee, tea, milk.

Supper:

Soup, crackers.
 Veal stew with vegetables.
 Buttered noodles.
 Apple-date salad.
 Bread, butter.
 Fruit Jello.
 Coffee, tea, milk.

OCTOBER 6, 1945

Breakfast:

Tomato juice.
 Ralston's.
 Dry cereal, cream.
 Fried egg.
 Toast, butter.
 Coffee.

Dinner:

Fried fish (perch), egg sauce.
 Parsley buttered potatoes.
 Stewed corn.
 Whole-wheat rolls, butter.
 Rice raisin cream pudding.
 Coffee, tea, milk.

Supper:

Soup, crackers.
 Creamed tuna on toast.
 Buttered peas.
 Pear cheese salad.
 Bread, butter.
 Oatmeal cookies.
 Coffee, tea, milk.

Regular diet menu, week of October 2-8, 1945, Wichita, Kans.—Continued

OCTOBER 7, 1945

Breakfast:

Applesauce.
Grits.
Dry cereal, cream.
Scrambled eggs, minced bacon.
Toast, butter.
Coffee.

Dinner:

Broiled hamburgers.
Macaroni, cheese.
Buttered string beans.
Sliced onions.
Bread, butter.
Watermelon.
Coffee, tea, milk.

Supper:

Soup, crackers.
Baked beans.
Saute egg plant.
Sliced tomato salad.
Bread, butter.
Pumpkin, pie.
Coffee, tea, milk.

Submitted by:

Approved:

OCTOBER 8, 1945

Breakfast:

Bananas.
Cream of wheat.
Dry cereal, cream.
Toast, butter.
Broiled bacon.
Coffee.

Dinner:

Chicken soup, crackers.
Roast chicken, giblet gravy.
Mashed potatoes.
Fresh spinach.
Lettuce salad, Thousand Island dressing.
Hot rolls, butter.
Peach ice cream.
Coffee, tea, milk.

Supper:

Soup, crackers.
Liver, sausage.
Escalloped potatoes.
Molded fruit salad, mayonnaise.
Bread, butter.
Sugar cookies.
Coffee, tea, milk.

HELEN C. KELLY,
Chief Dietitian.

L. N. SOWARDS,
Manager.

A. R. PEARCE,
Lieutenant Colonel, Medical Corps, AUS,
Chief Medical Officer.

Sowards, Leonard N., manager, Veterans' Administration, Wichita, Kans.

Date of birth: February 10, 1893. Place: Haddonfield, Va.

Education: Grade school, 8 years; high school, 4 years, Clintwood, Va.; graduated in 1911. Clintwood Normal School: Graduated in 1914; granted a professional certificate for teachers. Law School, Washington and Lee University, Lexington, Va.: Entered in 1915, finished law course in June 1920, degree LL. B.

Army service: Enlisted October 22, 1917; discharged June 7, 1919.

Experience: Taught short terms of school, 1911 to 1916. During law-school attendance in summertime acted as deputy clerk for the circuit court of my county. General law practice at Clintwood, Va., starting 1920. Served as county attorney 1921-22. Continued general law practice until February 2, 1931.

Government service: Appointed as assistant chief attorney, Veterans' Administration, Richmond, Va. Resigned April 16, 1934. Reemployed by Veterans' Administration at Wichita, Kans., November 12, 1934, as adjudicator. Reassigned as chief attorney, Veterans' Administration, Wichita, Kans., June 16, 1935, and served until January 1, 1942, when I was made manager at this station. Now serving in that capacity.

Present salary: \$5,800 per annum.

Heilman, Lydia S., chief nurse, Veterans' Administration, Wichita, Kans.

Date of birth: August 8, 1878. Place: Eldorado, Wis.

Education: Grade school, 8 years; high school, 1 year; normal school, 1 year; nurses training school, 3 years.

Army service: Enlisted June 1, 1918; discharged August 5, 1920—Army Nurse Corps.

Experience: 1 year private duty nursing; 1 year school nursing.

Government service: Appointed to United States Public Health Service September 1, 1921 as nurse. Transferred to Veterans' Administration as staff nurse June 16, 1923, promoted to head nurse November 1, 1923. Served as head nurse until transfer to Wichita, Kans., as chief nurse April 16, 1942. Now serving in that capacity.

Present salary: \$2,900 per annum.

Kelly, Helen C., chief dietitian, Veterans' Administration, Wichita, Kans.

Date of birth: November 23, 1905. Place: Williamsburg, Iowa.

Education: Grade school, 8 years; high school, 4 years; college, 4 years. University of Iowa: Graduated in 1928; B. A. degree.

Experience: 1 year internship, Cook County Hospital, Chicago, Ill.; 2½ years assistant dietitian, Mercy Hospital, Chicago, Ill.; 1¼ years head dietitian, Mercy Hospital, Des Moines, Iowa.

Government service: Appointed to Veterans' Administration April 20, 1936, as dietitian, SP—5. Transferred to Veterans' Administration, Wichita, Kans., as chief dietitian, SP—7, August 1, 1941. Now serving in that capacity.

Present salary: \$2,500 per annum.

Pearce, Albert R., Lieutenant Colonel, Medical Corps, chief medical officer, Veterans' Administration, Wichita, Kans.

Date of birth: October 27, 1888. Place: Hancock, Mich.

Education: Grade school, 8 years; high school, 4 years; college, 5 years. Detroit College of Medicine and Surgery: Graduated 1916, M. D. degree.

Experience: Calumet and Hecla Hospital, Calumet, Mich. 1916–17; general practice, Rockland, Mich., September 1919 to November 1, 1921.

Army service: Enlisted May 5, 1917; discharged, September 7, 1919; served as battalion medical officer in France and Belgium.

Government service: Appointed as medical examiner, Veterans' Bureau, November 1, 1921. Served as sub-district medical officer and regional medical officer, promoted to chief medical officer January 1, 1933, and has served in that capacity to this date.

Present salary: \$5,600 when transferred to central office field roll, military.

Shelly, Hargus G., Chief, Reception and Out-Patient Service, Veterans' Administration.

Date of birth: November 18, 1881. Place: Mulvane, Kans.

Education: Grade school, 8 years; high school, 4 years; college, 6 years, University of Illinois.

Postgraduate surgeon: 1 year.

Practice: Mulvane, Kans. September 16, 1918, to about October 20 at Fort Oglethorpe, Ga. Training and special surgical course. Served as captain, Evacuation Hospital No. 37, AEF 5½ months at Mars, France; chief in surgery for short period. Unit took over Evacuation Hospital No. 1 at Toul in April 1919.

Entered United States Veterans' Bureau June 1, 1922.

Present salary: \$5,200.

Fitzgerald, Edward M., Chief, General Medical Service, Veterans' Administration.

Date of birth: August 29, 1904. Place: Pine Island, Minn.

Education: Grade school, 8 years; high school, 4 years.

College: Premedical, St. Thomas College, 1923–26; medical course, University of Minnesota, 1926–31; internship, St. Marys Hospital, 1931–32.

Employment and medical practice: Drug store clerk, Pine Island, Minn., 1921–23, after school hours; assistant grocery clerk, Minneapolis, Minn., 1927–28; general medical practice (independent), Perham, Minn., July 1, 1932 to March 1, 1934.

Military service: United States Army Reserve medical officer on active duty; first lieutenant, 1935–36, Fort Meade, S. Dak.

Entered Veterans' Administration, Los Angeles, Calif., May 1, 1936, associate physician.

Transferred: Veterans' Administration, Wichita, Kans., March 1, 1941, from Los Angeles, Calif.; to commanding officer, field roll, military, May 15, 1944.

Present salary: \$4,800.

Paye, Philip H., senior medical officer, Veterans' Administration.

Date of birth: September 14, 1909. Place: Grosse Point, Mich.

Education: Common school, Detroit and Monroe, Mich., 8 years, high school, University of Detroit High School, 4 years; college, University of Detroit, 1928–30; A. B., St. Louis University 1930–36.

Internship: St. Louis City Hospital July 1936–37.

Entered United States Public Health Service, Detroit, Mich., December 1937-38; United States Public Health Service, Washington, D. C., December 1938-41; United States Indian Service, May 1941; United States Veterans' Administration, May 1, 1941.

Transferred to Jefferson Barracks, Mo., August 16, 1941; from Jefferson Barracks, Mo., to Wichita, Kans., Veterans' Administration, August 1, 1942; to commanding officer, field roll, military, April 10, 1944.

Prior military service: None.

Present salary: \$4,600.

Hinkle, Warren I., major, Medical Corps, chief, surgical service, Veterans' Administration, Wichita, Kans.

Date of birth: December 2, 1895. Place: Bigelow, Mo.

Education: Grade school, 8 years; high school, 4 years. College: 4 years, University of Nebraska, B. Sc. degree, 1922; 2 years University of Nebraska, M. D. degree, 1924.

Experience: Private practice, 1925 to April 11, 1927.

Army service: Enlisted April 25, 1918; discharged March 19, 1919. Commissioned as major, Medical Corps, Army of the United States, June 5, 1944.

Government service: United States Public Health Service, April 1, 1927, to January 31, 1939. Transferred to Veterans' Administration February 1, 1939, has been assigned to surgical service since that time and has been chief of surgical service since July 1, 1941.

Present salary: \$4,800 when transferred to central office, field roll, military.

Curtis, Howard C., senior medical officer (in charge of neurological service), Veterans' Administration.

Date of birth: December 6, 1881. Place: Tennessee.

Education: Grade school, Liberty, Tenn., 8 years; high school, Smithville, Tenn., 4 years; College, Nashville, Tenn., 1 year; Grant University; medical college, Chattanooga, Tenn., graduate; M. D. degree.

Practice: Practiced general medicine and surgery from 1907 to 1917.

Entered United States Army Medical Service, 1917 to 1920; United States Public Health Service, surgery, 1920 to 1923.

Military service: Army, attended Medical Reserve Corps (Air Service); commissioned December 4, 1917; discharged September 20, 1920.

Government service: United States Veterans' Bureau March 16, 1925, as neuropsychiatrist.

Present salary: \$5,200.

verlin, Isidore, medical officer, Veterans' Administration

Date of birth: April 11, 1909. Place: Brooklyn, N. Y.

Education: 3½ years college; 5 years medical school; B. S. and M. D. degrees.

Internship: Israel Zion Hospital, Brooklyn, N. Y., 1½ years; Willard Parker Hospital, New York, N. Y., 3 months; Boulevard Hospital, Long Island, N. Y., 6 months (res. physician).

Entered Veterans' Administration January 4, 1939, Los Angeles, Calif., as associate physician.

Transferred from Los Angeles, Calif., to Wichita, Kans., May 1, 1941, to commanding officer field roll, military, April 14, 1944.

Present salary: \$4,000.

Purves, George K., medical officer, Veterans' Administration

Date of birth: October 22, 1874. Place: River Falls, Wis.

Education: Grade school, 8 years; high school, 4 years; college, 5 years.

Special orthopedic: Postgraduate work: 2 years, Harvard University; college work at University of Wisconsin and Northwestern University; graduated 1900.

Internship: St. Francis Hospital, Wichita, Kans., 1900-1901.

Practice: Wichita, Kans., 1901 (general surgical), from 1901 to time of entering service.

Entered United States Public Health September 1, 1919; Bureau of War Risk Insurance July 4, 1921.

Military service: August 9, 1917, to September 27, Medical Officers' Training Corps, Fort Riley; September 28, 1917, to January 10, 1919, Camp Funston, Kans., charge of receiving station; January 11 to April 23, 1919, base hospital, Fort Riley, Kans.

Entered United States Veterans' Bureau December 1, 1923.

Present salary: \$4,600.

Mr. McQUEEN. Now, Mr. Scrivner, do you want to put in your statement in the record as is, in view of what you have already stated?

Mr. SCRIVNER. It is almost as I gave it. I elaborated some.

I imagine what is in the record is just as good as what I have here.

The CHAIRMAN. Are you making your recommendation, Mr. Scrivner?

Mr. SCRIVNER. Yes. I concluded with recommendations and commendations.

The CHAIRMAN. Thank you very much, Mr. Scrivner.

Mr. SCRIVNER. I have as yet to be made at some future time a report on Wadsworth and a coreport with Mr. Bennett on Excelsior Springs.

The CHAIRMAN. Now, let me talk to the committee a minute, what members are here.

Off the record.

(Discussion off the record.)

The CHAIRMAN. If it is satisfactory to everybody we will meet Thursday morning at 10 o'clock.

We will stand adjourned at this time.

(Whereupon, at 4 p. m., the committee adjourned to meet Thursday, May 31, 1945, at 10 a. m.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, MAY 31, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met, pursuant to adjournment, at 10 a. m., Hon. John E. Rankin (chairman) presiding.

Present: Messrs. Rankin (chairman), Scrivner, Gibson, and Kearney.

The CHAIRMAN. The committee will come to order.

Mr. Kearney, do you want to be heard this morning?

Mr. KEARNEY. I will go on for a while.

Mr. SCRIVNER. Are you going to talk on Castle Point?

Mr. KEARNEY. Yes.

Mr. SCRIVNER. It might be just as well if I went ahead and finished with Wadsworth.

The CHAIRMAN. Oh. I beg your pardon.

Mr. SCRIVNER. I will conclude with Excelsior Springs when Mr. Bennett gets back.

STATEMENT OF ERRETT P. SCRIVNER, A REPRESENTATIVE IN THE CONGRESS OF THE UNITED STATES FROM THE SECOND DISTRICT OF KANSAS

Mr. SCRIVNER. Mr. Chairman, on Thursday, April 5, together with Mr. Bennett of Missouri, and part of the time accompanied by Representative Cole of the First District of Kansas, I visited the veterans' facility at Wadsworth, Kans. We entered about 9:30 in the morning and left about 6:30 in the evening. The visit had not been announced, but probably with the newspaper publicity which had been given, they anticipated that some of us would be there before very many days.

The facility at Wadsworth is a general medical and surgical facility, and up to about a year ago there had been some domiciliary barracks with about 1,600 veterans in them, but these barracks were all vacated and, beginning about that time, they began to reconvert the barracks into wards for NP cases, and this conversion is now in the final stage. I just received a letter yesterday stating that one ward to hold about 250 NP patients had been opened last week, and that this week a ward for women patients, with a capacity of about 75, would be open, and

they hope to have the entire section for NP patients open by the first of July.

In conversion they took from the general medical and surgical section two floors and one wing of the general facility and converted that into a receiving ward for NP patients, and a surgical ward for the NP's. At the time we were there, although they were not quite ready, there had already been received some 50 NP cases.

There has been considerable delay in this construction work there, due to the fact that WPB had not given the contractors and the hospital authorities priorities. There was a shortage of labor which was overcome by the use of 150 German prisoners of war.

The CHAIRMAN. I am going to ask the clerk to call the other members of this committee and tell them that they are badly needed here.

The CLERK. They have been called once this morning.

The CHAIRMAN. Yes; but call them again.

(Subsequently Messrs. Peterson of Florida, Ervin, Pickett, Huber, Carnahan, and Cunningham entered the committee room.)

Mr. SCRIVNER. When all this construction has been completed there will be accommodations for about 1,600 NP cases, including this one separate building for the women. The hospital as a whole, excluding the NP's has a capacity of about 750; and at the time of our visit there were 559 patients in the hospital, showing that there was ample room there.

Attached to this I am submitting a statement of their admissions covering a 2-year period, together with the discharges, and showing the ratio of doctors and nurses.

This hospital is well staffed. The ratio of medical officers is 1 doctor to each 20 patients. The ward surgeon ratio is 1 ward surgeon to each 37 patients. There are no vacancies on this staff, but, due to the fact that the NP staff had not yet arrived, it was necessary to take a couple of the regular staff to take charge of the NP wards.

In the lower brackets the turn-over has been very rapid, and considerable difficulty has been experienced in keeping attendants and the lower-paid help. They need 2 occupational-therapy men, 1 chief technician—1 left the day I was there—16 hospital attendants and 16 mess attendants.

It was anticipated that within a few days after our visit there would be about 500 limited-service military personnel assigned to the hospital, some of whom I understand have now arrived, which would relieve the shortage of attendants and give them sufficient manpower to take care of the expected load of NP cases.

On the whole, this hospital is in very good shape. The morale of the employees was good; the morale of the patients was high.

We visited every ward and probably during the course of the day talked with over a hundred patients, all of our conversations taking place without any of the hospital staff with us. In this hospital I ran into 25 or 30 men that I personally knew, men who had confidence in me and who would talk to me without any reservation whatsoever.

The complaints were few, and those complaints were comparatively minor. There had been, up to about 6 months ago, some complaints against two members of the staff, but those two members have now been moved some place else. Where they are I do not know. There was at the time of our visit only one member of the hospital staff against whom any considerable number of complaints were received.

That was the man who is now in charge of the X-ray room. He is not an X-ray man, particularly. I understand his experience has all been in pathology. That is Dr. Hoag. His attitude toward the patients is not the least bit sympathetic. His attitude, as he sometimes expresses it, is that they are merely there seeking compensation. With that attitude, the reception that they get when they go in to him is not very pleasant. The patients that have been before him tell me that he is overbearing, abrupt, and shows no sympathy whatsoever.

At this hospital there are full-time service officers of both the American Legion and the Veterans of Foreign Wars, and in times past when complaints have arisen these men have immediately taken them up with the manager and the chief medical officer, and many times they have been able to iron out the trouble, right there on the spot, within 30 minutes or an hour after the occasion has arisen; and the presence of full-time service officers of these various veterans' organizations has a very healthy influence.

We went all through the kitchen, which is large, well-staffed, well-lighted, and everything was immaculate. The dietitians are competent. The food was well prepared; and from my limited knowledge of food, the menus seemed to provide for a complete and well-balanced diet. Mr. Cole, Mr. Bennett, and I stood in the mess lines just as we stepped up, so that there was no possible chance for us to be given anything better than that which the patients were receiving. We were served the same food, and it was well cooked and well seasoned. Everything was in good shape, except that on that particular day the bread which had been served too fresh, packed as it came from the bakery—it had been packed heavily into baskets—was quite soggy. It had not had time to age or air, and the facilities in the kitchen were such that when the bread comes from the bakery they put it immediately on closed shelves, and the steam and all does not give it a chance to dry out. The manager was there at the time, and he said that steps would be taken to arrange for aging racks in the kitchen so that that experience will not be repeated.

The ice boxes and storage spaces were sanitary and adequate. The food supplies were the kind that would just make your mouth water, because in the boxes were the best types of beef, ham, bacon, eggs, fresh vegetables of all kinds; and I was told that they had had no difficulty of any considerable nature in obtaining their food and the kind of food that they desired.

There had been some complaints that the food for the tray service was not always warm. Checking that up, we found that in this particular facility the electrically heated tray conveyors were old and they had not been able to obtain repairs, and for that reason, as the orderlies took the food around, sometimes by the time they got back to pick up the fourth or fifth tray out of one of the rows, the last one was cold. They had four new conveyors; and the dietitian said that if they could get a full quota of these new ones, that trouble would be eradicated.

Later in our visit at the hospital, in the newer section, we found two of these new, modern conveyors which the manager said would be put into use in the main hospital immediately.

One thing we found was that aluminum trays in this hospital were all old. They were badly battered, badly warped, and full of creases

in which the food sometimes settled, and the trip through the dishwasher and sterilizer did not always get this food out, and the result is that sometimes food will be in those creases. They tried to overcome some of this difficulty by getting Bakelite trays, but these have not proved satisfactory. They buckle and warp and crack as they are put through the sterilizer, and for that reason it is recommended that they get rid of these unsightly, unappetizing, and unhealthful aluminum trays. A full complement of new metal trays should be obtained for this hospital. I think that should be done, because we found in other hospitals that they had recently received shipments of new trays.

The recreational facilities and aids there are rather limited, but the manager thought that, with the arrival of some of the new therapy aids, this situation would be improved.

The hospital is undergoing refreshing. Several of the wards were somewhat upset, due to the fact that they were repainting. The manager had been able to obtain some bright prints for drapes, and the new paint and the new drapes gave the hospital a much more pleasant atmosphere than it used to have.

The laboratory and X-ray and surgical equipment were inspected, and the consulting surgeons who go down there said that this equipment was good in every way, shape, and form. I received no complaints at all.

As we walked into the wards many of the men knew me. Some of them did not, but it did not take long for them to find out who I was. I told them that if they had any complaints, we wanted them; we asked for them, and the response in almost every ward was that if we were seeking any complaints about the hospital there, we would have to go to some other ward, because they had absolutely no complaint to make, that their care was good, the doctors were taking proper care of them, and that everything was satisfactory.

That was particularly true of the patients in the surgical wards. They seemed to feel that the surgeons there had done an exceptionally fine job in each of their cases.

The main feature of delay was that of going through the receiving ward. Many of these patients, who were anxious to find out what their condition was and what was the necessary remedy, so that they could go back on the job, were very much impatient over the delay that they encountered in going through the receiving ward. It seemed to take so many days to have this done and that done and get reports back in, that sometimes it was taking anywhere from 15 to 21 days to go from the receiving ward into the ward where they were to receive treatment or surgery; but after they got into the ward there was no serious complaint.

The floor space is ample. It is even greater than that which I was told has been adopted as the standard for hospitals throughout the country.

The canteen is operated by a concessionaire and his wife under a contract. The prices were reasonable, in conformity with the prices downtown. The service was somewhat hampered by lack of space, but the manager told me that within the next 2 or 3 weeks this space would be increased so that the service would be much better.

The barber shop is a separate concession. The prices are standard.

In the grounds of this facility, as a hang-over from when it used to be an old soldiers' home, there is a hotel which has some fairly nice rooms and service, fairly good meals. The prices of the rooms and meals are reasonable, and the fire protection is adequate.

Incidentally, the manager, Colonel Pearsall, has died since our visit, and now the hospital is being operated by the acting manager. They are all willing to cooperate in any way, shape, or form to improve the service for the veterans. Their attitude was kindly. We made several minor suggestions, all of which were cheerfully received, and they informed us that if at any time we had any further suggestions that would improve the service in that hospital, they wanted to know about it, and they would give them their immediate attention.

The specific recommendations are these: First, that the hospital obtain or be furnished with a battery of new, modern electric tray conveyors so that all of the patients may have warm food.

Second, the immediate furnishing of an adequate supply of new metal trays, and disposal of the old ones.

This hospital has a full complement of Veterans' Administration blankets, which have the Veterans' Administration seal on them, and it gave the rooms a very pleasant and uniform appearance as compared with the old OD and gray blankets that were found at Excelsior Springs in Wichita.

At this hospital the authorities have been making a great deal of use of a portable moving-picture projector, which they are able to take into the wards where the men are bedfast and exhibit films of recent news, of the war and other films, and the patients express a great deal of pleasure, because many of them cannot go out and go to shows, and this brings the shows to the patients.

The recommendation in connection with this is that annual visits of inspection be made by a member of this committee, to this and other facilities.

Now, Mr. Chairman, here is a statement showing the number of admissions into this hospital from April 1, 1943, to April 1, 1945, with a break-down as to World War I and World War II.

On the day before our visit, on April 4, there were 559 patients of whom 394 were World War I and 91 were World War II patients; so that the ratio there is a little less than it has been found in some of the other hospitals.

There are 183 vacant beds. There were no vacancies on the medical staff or on the nurses' staff, but there was a shortage of 16 hospital attendants and 16 mess-hall attendants.

At the time we were there the ratio of general medical and surgical nurses to general medical and surgical patients was 1 nurse to 8 patients; and the ratio of NP nurses to NP patients was 1 nurse to 5 patients. That, of course, is due to the fact that those nurses have come in ahead of the patients, and that condition will not exist very long.

There will be a staff of doctors and nurses to take care of 1,524 NP patients, all of which is expected to be completed by the middle of July.

I have also a break-down of the irregular discharges from April 1, 1943, to March 31, 1945, showing the a. w. o. l.'s, together with patients now under treatment.

In discussing the a. w. o. l.'s and those leaving against medical advice, we found many reasons. A great number of them who leave against medical advice leave because they just feel they cannot stay there any longer, that they have to get back to their business or their job, or that the conditions at home are such that they just cannot stay in the hospital any longer. They feel that while they might be doing an unwise thing to leave, there is simply nothing else for them to do.

At this point, while it does not apply to the hospital at Wadsworth, I wish to call the attention of the committee to a letter which was received by Congressman Hope of Kansas from one of our old friends up there, known as Lefty Williams. O. O. Williams is his name. In this letter he states that he started his hospital experience early, during the early days of the Veterans' Bureau and the Veterans' Administration, and that he had just returned from Hines Hospital. He states that there is a great difference in the hospitals now and in the early 1920's. He says that today, outside of the greatest specialists:

I do not believe you will find a more competent group of doctors in civilian life. I have just come out of Hines Hospital. I am in fine shape, have two more operations behind me, and by the time I get my last one, I hope, next fall, at Wichita, I will be back in circulation again.

I have here also, Mr. Chairman, prepared by the men themselves, an outline history of the medical officers of this hospital, which gives their full names, their positions, their place of birth, their date of birth, their educational background, the experience they have had in any special line of work, together with their military and Veterans' Administration or governmental experience. I think this should also go into the record.

I have also the menus for all three of the diets, the regular diet, the soft diet, and whatever the other one is called, for the week of April 2, and also the week of February 5, showing the type of meals that were served during those periods.

I also have here a break-down of the various positions authorized, the designation of the incumbent and the salary received, which shows who occupies the positions, and those that are vacant; and I might summarize it a little bit better by giving some indication to the committee as to the situation that existed in those particular positions.

I visited Excelsior Springs facility with Congressman Bennett of Missouri; but inasmuch as that is in his State, and I was merely accompanying him, he has prepared the main report. I have one to supplement his, but I think probably it would be better for me to make way and wait until Mr. Bennett returns and then supplement his report by the observations that I have to make about the Excelsior Springs facility.

(The documents referred to and submitted by the witness are as follows:)

VETERANS' ADMINISTRATION,
Wadsworth, Kans.

Apr. 1, 1943 to Apr. 1, 1945:

Admissions-----	7, 224
Discharges-----	6, 679
Deaths-----	489

Patients under treatment Apr. 4, 1945:

World War I.....	394
World War II.....	91
Spanish War.....	58
Civil War.....	1
Indian War.....	1
Peacetime.....	14
Total.....	559

Vacant beds:

2 wards not in use due to insufficient personnel to operate.....	126
Beds reserved for patients on leave of absence.....	11
Beds reserved for authorized admissions.....	46
Total.....	183

Nursing personnel as provided by table of organization

General medical and surgical service:

Chief nurse.....	1
Head nurse.....	9
Nurse.....	64
Total.....	74

NP Service:

Chief nurse.....	1
Assistant chief nurse.....	1
Head nurse.....	4
Nurse.....	41
Total.....	47

VACANT POSITIONS

General medical and surgical service: Nurse..... 11

NP service:

Assistant chief nurse.....	1
Head nurse.....	1
Nurse.....	35
Total.....	37

NURSES ON DUTY AS OF APR. 4, 1945

General medical and surgical service:

Chief nurse.....	1
Operating room nurse.....	2
Out-patient clinic.....	1
Chief nurses' office.....	1
Ward duty.....	58
Total.....	63

NP service:

Chief nurse.....	1
Head nurse.....	2
Cadet instructor.....	1
Nurse.....	6
Total.....	10

Ratio of general medical and surgical nurses to general medical and surgical patients is one nurse to eight patients.

Ratio of NP nurses to NP patients is one nurse to five patients.

The ratio of NP nurses to NP patients is very high because those nurses now on duty have been sent here to furnish the nursing staff of the proposed 1,524 beds for NP patients that is in the process of establishment. The delay in the establishment of the NP service is occasioned by the necessity for the use of limited service Army personnel to act as attendants for the NP section, of whom several hundred are going to be required and which the Army has agreed to supply, but have not yet arrived.

G. D. ALLEE, M. D.,
Chief Medical Officer.

VETERANS' ADMINISTRATION,
Wadsworth, Kans., April 5, 1945.

Irregular discharges, Apr. 1, 1943, to Mar. 31, 1945

	Absent without leave				Against medical advice			
	General medical	Neuro-psychiatric	Tuberculosis	Other neuro-psychiatric	General medical	Neuro-psychiatric	Tuberculosis	Other neuro-psychiatric
World War I.....	133	7	48	13	102	27	19	18
World War II.....	93	3	28	11	55	14	4	9
Spanish War.....	5	2	5	0	6	1	1	3
Peacetime.....	7	2	4	0	1	0	0	0
Total.....	238	14	85	24	164	42	24	20

Patients under treatment, Apr. 4, 1945

General medical-surgical.....	331
Neuropsychiatric.....	50
Tuberculosis.....	61
Other neuropsychiatric.....	117
Total.....	559

HOUSE OF REPRESENTATIVES
Washington, D. C., May 23, 1945.

In re veterans' hospitals.

HON. ERRETT P. SCRIVNER,

House of Representatives, Washington, D. C.

DEAR ERRETT: I am just in receipt of a letter from "Lefty" Williams whom I think you know. He discusses several matters but among other things mentions the veterans' hospital situation. The postscript of his letter reads as follows:

"I would be pleased if you would bring my mention of the veterans' hospital to the attention of the other Congressmen of Kansas."

I am, therefore, enclosing herewith that part of his letter dealing with the question of veterans' hospitals.

I suppose Lefty has spent about as much time in veterans' hospitals as anyone in the country outside of mental cases which, of course, in many instances are there permanently.

With best wishes, I am

Cordially yours,

CLIFFORD R. HOPE.

HUTCHINSON, KANS., May 18, 1945.

Hon. CLIFFORD R. HOPE,

House of Representatives, Washington, D. C.

DEAR CLIFF: I suppose you have wondered how I came out at Hines. Fine, two more operations back of me, but lots better, although I will have to go to Wichita next fall for the, I hope, last one.

I suppose you are familiar with the article in Reader's Digest, also Cosmopolitan, charging Veterans' Administration with neglect, incompetence, and under-feeding patients.

I started my Government gold bricking early, just after Forbes was removed and General Hines was appointed. I admit the food then and now were not to be compared. As late as 1926 the hospitals fed like kings, every vegetable known being served, all the meats of all kinds. The waste was tremendous. At the present time the food isn't so plentiful and no big variety, but then we are at war. I notice a difference at my own table, but all told, I believe the Administration is doing a wonderful job under great difficulties. They are short of help, but so is everyone else. The greatest difference in the hospitals now and in the 1920's is: in the beginning your doctors were often nothing more than interns. Today, outside of the greatest specialists, I don't believe you will find a more competent group of doctors in civilian life.

Respectfully,

O. O. WILLIAMS.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Allee, Dr. Gail D., chief medical officer.

Place of birth: High Point, Mo. Date of birth: August 7, 1876.

University or college attended: Missouri University, 5 years attendance.

Graduated with degree of B. S. which included 1 year of medicine. Beaumont Hospital Medical College, 2 years.

Date of graduation: April 1898.

Hospital in which interned: Alexian Brothers, St. Louis, Mo.

Name any postgraduate course taken, where taken, and length of time engaged in same:

Name any special courses or work engaged in, and where: General medicine and Tuberculosis, Ft. Riley, Kans., 1918, 3 months.

Name any special course taken in Veterans' Administration and where taken.

Date appointed in Veterans' Administration: March 1, 1920.

Date transferred from United States Army to United States Public Health Service: February 15, 1920.

List various stations, giving dates, where engaged in Veterans' Administration service: Whipple, Ariz., February 15, 1920, to August 1, 1934: Wadsworth, Kans., August 1, 1934, to present date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Date commissioned in United States Army: Rank:

Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: P&S 7,—\$6,500 per annum plus overtime.

GAIL D. ALLEE, M. D.,

Chief Medical Officer.

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Hohman, Louis M., Chief of Medical Service: acting clinical director, general medical and surgical: senior Army medical officer.

Place of birth: Cincinnati, Ohio. Date of birth: February 8, 1896.

University or college attended: University of Cincinnati, Ohio. Number of years of attendance: 6.

Date of graduation: B. S., 1918. M. D., same school, 1920.

Hospital in which interned: Jewish Hospital, Cincinnati, Ohio.

Name any post graduate course taken, where taken, and length of time engaged in same:

Name any special courses or work engaged in, and where:

Name any special course taken in Veterans' Administration, and where taken: Cardiology, Diagnostic Center, Mount Alto, Washington, D. C. Attended weekly lectures on physical diagnosis at Cincinnati, Ohio, Medicine College while acting as rating specialist on cardiac conditions while an employee at Veterans' Administration region office, Cincinnati, Ohio. Attended course in cardiology, Hines, Ill., June 17, 1940, to August 10, 1940.

Date appointed in Veterans' Administration: January 27, 1922.

Date transferred from United States Army to Veterans' Administration: Entered Veterans' Administration direct from civil life.

List various stations, giving dates, where engaged in Veterans' Administration service: Regional office, Veterans' Administration, Cincinnati, Ohio, January 27, 1922, to January 1, 1934; Veterans' Administration, Dayton, Ohio, January 1, 1934 to February 1, 1938; Veterans' Administration, Wadsworth, Kans., February 1, 1938, to present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Date commissioned in United States Army: Rank: Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: P&S-5, \$1,800 per annum plus overtime.

Date: April 7, 1945. Major Hohman is on leave and in order not to delay the submission of this questionnaire, the above data have been copied from the Veterans' Administration official personnel folder.

G. D. ALLEE, M. D.,
Chief Medical Officer.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Morton Hoberman, Captain, Medical Corps, ward physician and medical supervisor, physical medicine.

Place of birth: New York, N. Y. Date of birth: December 7, 1910.

University or college attended: Wayne University.

Number years attendance: 4.

Date of graduation: 1935.

Hospital in which interned: Lebanon Hospital, New York.

Name any postgraduate course taken, where taken, and length of time engaged in same: Residency surgery, Lebanon Hospital, New York, 1 year; Royal Hospital, New York, 1 year.

Name any special courses or work engaged in, and where: None.

Name any special course taken in Veterans' Administration, and where taken: Physical medicine, Mayo Clinic, Rochester, Minn.

Date appointed in Veterans' Administration: February 10, 1941.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Veterans' Administration facility, Waco, Tex., February 10 to April 5, 1941; Veterans' Administration facility, Wadsworth, Kans., April 5, 1941, to present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Date commissioned in United States Army: August 1, 1942. Rank: Captain, Medical Corps. Salary as Army officer: \$3,990.

Salary and grade as Veterans' Administration medical officer: \$4,627.

MORTON HOBERMAN,
Captain, Medical Corps.

Date: APRIL 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Williams, Frank L., Chief of Surgical Service.

Place of birth: Ellis, Kans. Date of birth: February 14, 1885.

University or college attended: University of Missouri, Rush Medical College, 2 years.

Number years attendance: 4.

Date of graduation: 1911.

Hospital in which interned: Mercy Hospital, Iron River, Mich.

Name any postgraduate course taken, where taken, and length of time engaged in same: Chicago Post Graduate, Chicago, summer 1916; Edinburgh University, Scotland, March-July 1919; Howard University, Massachusetts General Hospital, June-July 1928, Boston.

Name any special courses or work engaged in, and where:

Name any special course taken in Veterans' Administration, and where taken: United States Army 1917-19; United States Public Health Service 1919-24.

Date appointed in Veterans' Administration: Veterans' Administration 1924-45.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Des Moines, Iowa, 1924-34; Wadsworth, Kans., 1934-45.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Date commissioned in United States Army:

Rank: Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: \$5,600, Grade 6.

F. L. WILLIAMS, M. D.

Date: APRIL 7, 1945.

Membership: American Medical Association, Des Moines Academy Medicine, American College Surgeons, Iowa State Medical Society, Polk County Medical Society.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: M. Leonard Kimmel, ward physician, gastroenterological, general medical, white.

Place of birth: New York, N. Y. Date of birth: September 30, 1906.

University or college attended: Dalhousie.

Number of years attendance, 4.

Date of graduation, 1931.

Hospital in which interned, Jersey City Medical Center.

Name and postgraduate course taken, where taken, and length of time engaged in same: Course in peripheral vascular disease at Columbia University, and Post Graduate Hospital, October 1, 1935-40.

Name any special courses or work engaged in, and where: Private practice, Jersey City, N. J., 1934-42.

Name any special course taken in Veterans' Administration and where taken: None.

Date appointed in Veterans' Administration, January 1, 1945.

Date transferred from United States Army to Veterans' Administration, December 31, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Wadsworth, Kans., January 1, 1945, to date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Date commissioned in United States Army, October 1, 1932. Rank: Captain. Salary as Army officer, \$332 monthly.

Salary and grade as Veterans' Administration medical officer. Same.

M. L. KIMMEL.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Melgie Ward, M. D., ward physician, tuberculosis.

Place of birth: Dooly County, Ga. Date of birth: February 24, 1882.

University or college attended: Emory University.

Number of years attendance: 4.

Date of graduation: April 4, 1906.

Hospital in which interned: None.

Name any postgraduate course taken, where taken, and length of time engaged in same: Tuberculosis, with the late Dr. LeRoy Dunn, 1914-16, 18 months, Asheville, N. C.

Name any special courses or work engaged in, and where: Tuberculosis mostly since 1919, in Army and Veterans' Administration.

Name any special course taken in Veterans' Administration, and where taken: General postgraduate course in Veterans' Administration Post Graduate School, San Francisco, Calif., January 1, 1937, to May 1, 1937.

Date appointed in Veterans' Administration: December 4, 1920.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Atlanta, Ga., district office, December 1920 to May 1925. The first 18 months in charge of medical administration of vocational education of tuberculous veterans. The balance of the time as Chief of Rating Division, Muskogee, Okla., 1925.

List of various stations, etc., to 1926. In charge of treatment of tuberculosis patients, Fort Lyon, Colo., 1926 to 1930. The first year as ward surgeon (tuberculosis), the balance of the time as acting chief of medical service (tuberculosis). Boise, Idaho, 1930 (December) to 1934 (July), as clinical director to May 1933 (reduction by Economy Act). May 1933 to July 1934, ward surgeon (tuberculosis) and consultant in diseases of the chest. Wadsworth, Kans., 1934 to date, chief of the tuberculosis service and consultant in diseases of the chest.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: Served in Army during World War I only. Date commissioned in United States Army: Rank: Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: P&S-5, \$5,400 per annum plus overtime.

MELGIE WARD, M. D.

Date: April 7, 1945.

VETERANS ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Milton B. Gellman, ward physician, general medical, Negro.

Place of birth: Philadelphia, Pa. Date of birth: September 27, 1912.

University or college attended: University of Pennsylvania. Number of years attendance: Premedical, 3 years; medical, 4 years.

Date of graduation: Premedical, 1933; medical, 1936. Hospital in which interned: Mount Sinai Hospital, Philadelphia, Pa.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where: (1) General practice of medicine, Philadelphia, Pa., October 1937 to February 1940; (2) clinical assistant, medical out-patient clinic, Graduate Hospital, University of Pennsylvania, Philadelphia, Pa., October 1937 to February 1940.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: February 1, 1940.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: (1) Minneapolis, Minn. (training course), February 1, 1940, to May 1, 1940; (2) Fargo, N. Dak., May 1, 1941, to November 1, 1942; (3) Wadsworth, Kans., November 1, 1942, to present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: Date commissioned in United States Army, July 1942. Rank, captain. Salary as Army officer, \$3,991.

Salary and grade as Veterans' Administration medical officer: \$4,000 (plus overtime), grade P&S-5.

MILTON B. GELLMAN.

Date: April 6, 1945.

VETERANS ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: John P. Hanlon, assistant chief dental service, operative dentistry.

Place of birth: Cherokee, Iowa. Date of birth: July 20, 1906.

University or college attended: Iowa University, Creighton University. Number years attendance: 5.

Date of graduation: 1931. Hospital in which interned: None.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where: None.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: November 1938.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Regional office, Boston, Mass., November 1938 to June 1941; Wadsworth, Kans., June 1941 to present date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: Date commissioned in United States Army, ; rank, ; salary as Army officer,

Salary and grade as Veterans' Administration medical officer: \$3,400 plus overtime P&S-3, Veterans' Administration, associate dentist.

J. P. HANLON,
Captain, Dental Corps.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Solomon F. Hoge, pathologist and roentgenologist.

Place of birth: Waynesburg, Pa. Date of birth: June 27, 1887.

University or college attended: Waynesburg College, A. B., 1910; University of Pennsylvania, medical, 1915.

Number years attendance:

Date of graduation:

Hospital in which interned: Philadelphia General Hospital and University of Pennsylvania Hospital, resident pathologist.

Name any postgraduate course taken, where taken, and length of time engaged in same: Mayo Clinic, 1923, 6 weeks; University of Pennsylvania, 1924, 4 weeks; Lewellys F. Barker, Baltimore, 1930, 6 weeks; Mayo Clinic, 1936, 4 weeks; Hines, Chicago, tumor course, 1940, 8 weeks.

Name any special courses or work engaged in, and where: Pathology. Professor of pathology, University of Arkansas, Little Rock, 1921 to 1926. Pathologist at hospitals in Little Rock with private practice, diagnosis, and internal medicine.

Name any special course taken in Veterans' Administration, and where taken: Tumor course at Hines, 1940, 8 weeks.

Date appointed in Veterans' Administration: Part time 1928 to 1938, full time from 1938 to entering Army August 2, 1942, until present time.

Date transferred from United States Army to Veterans' Administration: January 28, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Facility 78, Little Rock, 1938 to 1940; Wadsworth, 1940, to present time.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Date commissioned in United States Army: February 28, 1944. Rank: Major. Salary as Army officer, \$3,000 per annum (base pay).

Salary and grade as Veterans' Administration medical officer: As grade 4, \$3,800 per annum, and as grade 5, \$4,600 per annum.

SOLOMON F. HOGE, *Major, AUS.*

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Walla Tate, operative dentistry.

Place of birth: Illinois. Date of birth: December 8, 1893.

University or college attended: Chicago College of Dental Surgery. Number of years attendance: 4.

Date of graduation: 1925. Hospital in which interned: None.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where: None.

Name any special course taken in Veterans' Administration and where taken: None.

Date appointed in Veterans' Administration: June 23, 1940.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Wadsworth, Kans., from June 23, 1940, and at present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: Rank:

Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: \$3,500, plus overtime P&S-3, Veterans' Administration, associate dentist.

WALLA TATE.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Manuel Slavin, ward physician, cardiac and nephritic.

Place of birth: Philadelphia, Pa. Date of birth November 26, 1905.

University or college attended: Washington University, St. Louis, 3 years; Crane Junior College, Chicago, 1 year; University of Illinois College of Medicine, 4 years.

Date of graduation: June 1935. Hospital in which interned: St. Louis City Hospital.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where: None.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: December 2, 1940.

Date transferred from United States Army to Veterans' Administration: March 2, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Veterans' Administration facility, Minneapolis, Minn., December 2, 1940, to January 26, 1941; Veterans' Administration facility, Wadsworth, Kans., January 26, 1941, to present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service:

Date commissioned in United States Army: July 1936; rank: first lieutenant, Medical Reserve. December 1940; rank: captain, Medical Corps, Army of the United States.

Salary as Army officer: \$2,640.

Salary and grade as Veterans' Administration medical officer: P&S-4, \$3,800.

MANUEL SLAVIN,

Captain, Medical Corps.

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Victor S. Owen, Chief, Dental Service.

Place of birth: Mason City, W. Va. Date of birth: June 1, 1898.

University or college attended: Indiana. Number years attendance: 3.

Date of graduation: June 1919. Hospital in which interned: None.

Name any postgraduate course taken, when taken, and length of time engaged in same: None.

Name any special course or work engaged in, and where: Study clubs—Los Angeles, Calif., local, State, and National dental association activities.

Name any special course taken in Veterans' Administration, and where taken: Approximately 2 weeks, Jefferson Barracks, Mo., on adjudicative and outpatient activities. Four weeks, Hines, Ill. Cancer lesions, oral surgery, prosthodontia.

Date appointed in Veterans' Administration: Appointment N. H. D. C. S. June 1921; Veterans' Administration, blanket appointment, July 1930.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates where engaged in Veterans' Administration service: (1) N. H. D. V. S. service—June to August 1921, Marion, Ind., and Danville, Ill. (2) August to December 1921, Johnson City, Tenn. (3) N. H. D. V. S. and Veterans' Administration service, May 1922 to June 1937, Sawtelle, Calif. (4) June 1937 to current period: Veterans' Administration, Wadsworth, Kans.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: August 1942 and active duty March 4, 1944, to present. Rank: Major.

Salary as Army officer: Approximately \$5 000 per annum.

Salary and grade as Veterans' Administration medical officer.

Grade: P&S 5, \$5,600 per annum. \$450 per annum compensation, World War I, was discontinued when called to active duty in Army of the United States.

VICTOR S. OWEN.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Harold Joseph Lindenauer, M. D., ward physician.

Place of birth: New York City. Date of birth: October 26, 1907.

University or college attended: St. Andrews University 1934, New York University 1930. Number years attendance: 4 years each.

Date of graduation: 1930. Hospital in which interned: Jewish General Hospital, Montreal, Canada.

Name and postgraduate course taken, where taken and length of time engaged in same: Beth Moses Hospital, Brooklyn, N. Y., assistant in medicine, 1936-40. Greenpoint Hospital, Brooklyn, N. Y., assistant, assisting in oto-laryngology, 1937-40. Unity Hospital, Brooklyn, N. Y., assistant in obstetrics and gynecology, 1936-39.

Name any special courses or work engaged in, and where: Gastroenterology, Veterans' Administration, Wadsworth, Kans., 1941-45. Internist in general medicine, Veterans' Administration, Wadsworth, Kans., 1941-45.

Name any special course taken in Veterans' Administration and where taken: None other than the indoctrination course, at the veterans' hospital in Minneapolis, Minn., December 1940 to January 1941.

Date appointed in Veterans' Administration: December 1, 1940.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Veterans' Administration facility, Minneapolis, Minn., December 1, 1940, to January 16, 1941. Veterans' Administration facility, Wadsworth, Kans., January 16, 1941, to present time.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: Rank:

Remarks: Was commissioned as captain in Medical Corps in the Army of the United States, September 5, 1942, and received a medical discharge February 12, 1944.

Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: Grade 4, base pay, \$4,000.

H. J. LINDENAUER, M. D.

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Harold Vandiver Ford, ward physician, neuropsychiatric.

Place of birth: Kansas City, Kans. Date of birth: October 9, 1907.

University or college attended: Kansas University. Number years attendance, 4. Premedical for 3 years at Kansas City, Kans., Junior College.

Date of graduation: 1932. Hospital in which interned: United States Marine Hospital, Baltimore, Md., with supplemental work at Sydenham and University of Maryland Hospitals.

Name any postgraduate course taken, where taken and length of time engaged in same: (1) Senior internship—United States Marine Hospital, Boston, Mass., 1933-34 in surgery. (2) Senior internship—United States Hospital, Leavenworth, Kans., 1934-February 1935, EENT and nervous disorders.

Name of special courses or work engaged in, and where: Extern at Grandview Sanitarium, Kansas City, Kans., while a senior medical student. This hospital was for treatment of nervous and mental disorders, and drug addiction.

Name any special course taken in Veterans' Administration, and where taken: Course in nervous and mental disorders at veterans' hospital, North Little Rock, Ark.

Date appointed in Veterans' Administration: February 18, 1935.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: (1) Veterans' Administration, Chillicothe, Ohio, grade 3, 1935-39. (2) Veterans' Administration, Fort Custer, Mich., Grade 4, 1939-41. (3) Veterans' Administration, Tuscaloosa, Ala., Grade 5, 1941-44. Treated nervous and mental patients in each hospital.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: August 1942. Rank: Major, Medical Corps. Called active duty February 26, 1944.

Salary as Army officer: \$3,000 plus funds for quarters and subsistence.

Salary and grade as Veterans' Administration Medical Officer: Grade 5 with last salary of about \$5,200, including overtime pay.

HAROLD V. FORD,
Major, Medical Corps.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Nathan G. Ingber, Chief of Reception and Out-Patient Service.

Place of birth: Philadelphia, Pa. Date of birth: March 18, 1908.

University or college attended: Crane Jr. College, Chicago, Ill., 2 years; University of Illinois, College of Medicine, 4 years.

Date of graduation: June 1933. Hospital in which interned, American Hospital, Chicago, Ill.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where: Psychiatric training at Anna State Hospital, Anna, Ill., in 1937 and 1938.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: June 2, 1938.

Date transferred from United States Army to Veterans' Administration: February 22, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Veterans' Administration Facility, Illinois, Ill., June 2, 1938 to September 1938; Veterans' Administration Facility, Des Moines, Iowa, September 1938 to August 15, 1939; Veterans' Administration Facility, Lincoln, Nebr., August 16, 1939, to April 1, 1945; Veterans' Administration Facility, Wadsworth, Kans., April 1, 1945 to present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: October 1934; rank, First Lieutenant, Medical Reserve; February 22, 1944, rank, captain, Medical Corps, Army of United States.

Salary as Army officer: \$2,760.

Salary and grade as Veterans' Administration medical officer: P&S-4—\$1,000.

Date: April 6, 1945.

NATHAN G. INGBER,
Captain, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Marshall, Malcolm Y., ward physician, neuropsychiatric.

Place of birth: Henderson, Ky. Date of birth: September 14, 1889.

University or college attended: University of Michigan. Number years attendance: 7.

Date of graduation: 1910 A. B.; 1913 M. D. Hospital in which interned: Southern Pacific Hospital and French Hospital, San Francisco, Calif.

Name any postgraduate course taken, where taken and length of time engaged in same: Eye, ear, nose, and throat, Chicago Polyclinic, 4 months; Obstetrics, Chicago Lying-in Hospital, 6 weeks; tuberculosis, resident physician, Oaks Sanitarium, Los Gatos, Calif., 1 year.

Name any special courses or work engaged in, and where: Neuropsychiatry, Veterans' Administration, 14¼ years.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: January 1, 1931.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: North Little Rock, Ark., 1931-32; Los Angeles, Calif., 1933-37; Tucson, Ariz., 1938-39; Wadsworth, Kans., 1940-45.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: August 15, 1943. Rank: Major, Medical Corps.

Salary as Army Officer: \$3,000.

Salary and grade as Veterans' Administration medical officer: \$5,000, Grade 5.

Date: April 6, 1945.

M. Y. MARSHALL,
Major, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Moses M. Rothberg, captain, Medical Corps, out-patient examiner.

Place of Birth: New York City. Date of birth: May 5, 1902.

University or college attended: Yale Medical. Number years attendance: 4.

Date of graduation: 1927. Hospital in which interned: Bayonne General, Bayonne, N. J.

Name any post graduate course taken, where taken, and length of time engaged in same: Resident, pediatrics, Harlem Hospital, New York, 6 months.

Name any special courses or work engaged in, and where: Child Hygiene Clinic, Board of Health Clinic, New York City.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration:

Date transferred from United States Army to Veterans' Administration: December 29, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: None.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service. Station hospital, Camp Berkeley, Tex.; Station hospital, Camp Hood, Tex.; induction station, New Orleans, La.; replacement training center, Fort Knox, Ky.

Date commissioned in United States Army: July 2, 1942. Rank: Captain.

Salary as Army officer: \$4,470 per annum.

Salary and grade as Veterans' Administration medical officer:

Date: April 6, 1945.

MOSES M. ROTHBERG,
Captain, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: George John Anday, ward physician, tuberculosis.

Place of birth: Budapest, Hungary. Date of birth: October 22, 1903.

University or college attended: Royal Hungarian Elizabeth University. Number of years attendance: 6.

Date of graduation: 1929. Hospital in which interned: Loyola University hospitals.

Name any post graduate course taken, where taken and length of time engaged in same: London Hospital, 2 months.

Name any special courses or work engaged in, and where: Diplomate of National Board of Medical Examiners, 1943; certified by the American Board of Pathology, 1941; assistant clinical professor, Loyola University, Chicago, Ill., 1939-45.

Name any special course taken in Veterans' Administration, and where taken:

Date appointed in Veterans' Administration:

Date transferred from United States Army to Veterans' Administration; December 1, 1944, date of commission into Army.

List various stations, giving dates, where engaged in Veterans' Administration service:

If, Army, Officer not previously connected with Veterans' Administration, give résumé of Army service:

Date commissioned in United States Army: December 1, 1944. Rank: Captain.

Salary as Army officer: Approximately \$300 monthly.

Salary and grade as Veterans' Administration medical officer: Not applicable.

Date: April 6, 1945.

G. J. ANDAY,
Captain, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Walter Mau, captain, Medical Corps, ward physician, surgery.

Place of birth: Riverdale, Ill. Date of birth: January 28, 1915.

University or college attended: Illinois. Number of years attendance: Four years.

Date of graduation: 1940. Hospital in which interned, Milwaukee County.

Name any postgraduate course taken, where taken, and length of time engaged in same:

Name any special courses or work engaged in, and where: General residency, St. Mary's Hospital, Gary, Ind.; general surgery past 19 months, Wadsworth, Kans.

Name any special course taken in Veterans' Administration and where taken: None.

Date appointed in Veterans' Administration: July 1942.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Hines, Ill., July to August 1942; Wadsworth, Kans., August 20, 1942, to present date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service:

Date commissioned in United States Army: September 1942. Rank: First lieutenant, September 1942; captain, March 6, 1943.

Salary as Army officer, \$3,990.

Salary and grade as Veterans' Administration medical officer: Grade 4, \$4,400.

Date: April 7, 1945.

WALTER MAU,
Captain, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Harry V. Somers; ward physician, receiving ward.

Place of birth: Fairbury, Ill. Date of birth: September 9, 1898.

University or college attended: University of Chicago and Loyola of Chicago.

Number of years attendance: 2 and 4.

Date of graduation: 1925. Hospital in which interned: Mercy Hospital, Chicago, Ill.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in and where: Industrial practice limited to office visits and home calls.

Name any special course taken in Veterans' Administration and where taken: None.

Date appointed in Veterans' Administration:

Date transferred from United States Army to Veterans' Administration: December 7, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Waco, Tex., December 24, 1944, to February 1, 1945; Wadsworth, Kans., February 1, 1945, to date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: October 6 to October 13, 1942, Bowman Field, school; October 18 to November 5, 1942, MacDill Field, school; November 5, 1942, to April 6, 1942, Dale Mabry Field, officer in charge of out-patient department; April 6 to July 1, 1943, Cross City Army Air Base, base surgeon; July 10 to December 1, 1943, Camp Miles Standish, Massachusetts, officer in charge of dispensary; December 1, 1943 to January 3, 1944, Atlantic Ocean, transport surgeon; January 3 to April 24, 1944, hospitalized due to injuries received in ETO; April 24 to September 1, 1944, C. M. S., Massachusetts, officer in charge dispensary; September 11 to October 1, 1944, Camp Parkeley, Tex., commander, Four Hundred and Seventy-eighth Hospital Ship Platoon (Separate); October 1 to October 15, 1944, hospitalized for heart disease; November 3 to December 7, 1944, C. M. S., Massachusetts, officer in charge dispensary.

Date commissioned in United States Army: April 1, 1930. Rank: Captain (present).

Salary as Army officer: \$2,640 per annum.

Salary and grade as Veterans' Administration medical officer:

Date: April 7, 1945.

HARRY V. SOMERS,
Captain, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Michael H. Glazer, ward physician.

Place of birth: Russia. Date of birth: October 30, 1892.

University or college attended: Long Island Medical College, New York. Number years attendance: 4.

Date of graduation: 1919. Hospital in which interned: Fordham Hospital, New York City.

Name and postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where. Urology, Fordham Hospital, New York City; Urology Veterans' Administration, Wadsworth, Kans.; neuropsychiatry, Veterans' Administration, Wadsworth, Kans.

Name any special course taken in Veterans' Administration, and where taken:

Date appointed in Veterans' Administration: February 1, 1938.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Veterans' Administration, Wadsworth, Kans., from February 1938 to present time.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: August 1, 1942. Rank: Captain.

Salary as Army officer, \$2,400.

Salary and grade as Veterans' Administration medical officer: \$4,600, grade 4.

Date: April 6, 1945.

MICHAEL H. GLAZER.

Captain, Medical Corps, Army of the United States.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Jack B. Griffin; ward physician, surgical.

Place of birth: El Reno, Okla. Date of birth: May 15, 1912.

University or college attended: Tulane University, New Orleans, La. Number years attendance: 7.

Date of graduation: 1937. Hospital in which interned: Methodist, Dallas, Tex.

Name any postgraduate course taken, where taken, and length of time engaged in same: Residency in surgery, 18 months, Methodist Hospital, Dallas, Tex.

Name any special courses or work engaged in, any where: Surgery; private practice, Dallas, Tex., and Veterans' Administration.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: October 1, 1940.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Augusta, Ga., October 1, to December 15, 1940; Memphis, Tenn., December 15, 1940, to October 15, 1941; Wadsworth, Kans., October 15, 1941, to present date.

If Army officer not previously connected with Veterans' Administration give résumé of Army service.

Date commissioned in United States Army: August 5, 1942. Rank: Captain; March 6, 1944, promoted to major.

Salary as Army officer, \$3,000 yearly.

Salary and grade as Veterans' Administration medical officer: \$4,600 per annum; grade 5, senior medical officer.

Date: April 7, 1945.

JACK B. GRIFFIN,

Major, Medical Corps.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Hunter, Matthew C.; eye, ear, nose and throat specialist.

Place of birth: Alto, Mich. Date of birth: February 1, 1890.

University or college attended: Ohio State University, College of Medicine. Number of years attendance: 4.

Date of graduation: 1916. Hospital in which interned: Mount Carmel Hospital, Columbus, Ohio.

Name any postgraduate course taken, where taken, and length of time engaged in same: Chicago Eye, Ear, Nose, and Throat College, 1919; 6 months.

Name any special courses or work engaged in, and where: Engaged in special eye, ear, nose, and throat practice in Greenville, Ohio, for 5 years and in the Veterans' Administration for 21 years.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration: January 15, 1924.

Date transferred from United States Army to Veterans' Administration: Was not transferred from United States Army to Veterans' Administration.

List various stations, giving dates, where engaged in Veterans' Administration service: Columbus, Ohio, subregional office, January 15, 1924, to June 1927. Algiers, La., veterans' hospital to January 1930; Alexandria, La., veterans' hospital to October 1940; Wadsworth, Kans., veterans' facility to present time.

If Army officer, not previously connected with Veterans' Administration, give résumé of Army service:

Date commissioned in United States Army: Rank:

Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: Grade 5, \$5,200.

M. C. HUNTER.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Albert S. Yates, admitting physician.

Place of birth: Grayson, Ky. Date of birth: April 17, 1893.

University or college attended: State Teachers College, Valley City, N. Dak., 4 years, B. A.; University of Kentucky, Louisville, Ky.; University of Kansas, Lawrence, Kans., B. S. Number of years attendance: 4.

Date of graduation: 1933. Hospital in which interned: Hotel Dieu Hospital, New Orleans, La.

Name any postgraduate course taken, where taken, and length of time engaged in same:

Name any special courses or work engaged in, and where: Special course taken at University of Lexington, Ky. (3 months).

Name any special course taken in Veterans' Administration, and where taken: Special course taken in Veterans' Administration regulations and procedure at Waco, Tex.

Date appointed in Veterans' Administration: July 8, 1940.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Waco, Tex., July 18 to September 16, 1940; Sawtelle, Calif., September 16 1940 to August 15, 1941; Salt Lake City, August 15, 1941, to May 1, 1942; Wadsworth, Kans., May 5, 1942, to present time.

If Army officer not previously connected with Veterans' Administration give résumé of Army service:

Dated commissioned in United States Army: August 1, 1942. Rank: Captain, on inactive duty.

Salary as Army officer:

Salary and grade as Veterans' Administration medical officer: \$4,000 plus overtime; grade 4 (medical officer).

ALBERT S. YATES, M. D.

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Anderson, James O.; ward physician.

Place of birth: Utah. Date of birth: April 2, 1899.

University or college attended: Georgetown University Medical School. Number of years' attendance: 4.

Date of graduation: 1938. Hospital in which interned: Holy Name Hospital, Teaneck, N. J.

Name any postgraduate course taken, where taken, and length of time engaged in same. Neural anatomy and psychology; sponsored by Spring Grove State Hospital, Catonsville, Md.; 1 semester, 1 hour a week, each course.

Name any special courses or work engaged in, and where: See above

Name any special course taken in Veterans' Administration, and where taken: No.

Date appointed in Veterans' Administration: June 15, 1942.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Illnes, June 15 to September 2, 1942; Downey, Ill., September 2, 1942, to March 1, 1945; Wadsworth, Kans., March 1, 1945, to present.

If Army officer not previously connected with Veterans' Administration, give resume of Army service:

Date commissioned in United States Army: March 1, 1944. Rank: Captain.

Salary as Army officer: \$2,400 base pay.

Salary and grade as Veterans' Administration medical officer: Grade 5.

JAMES O. ANDERSON,
Captain, Medical Corps.

Date: April 7, 1945.

VETERAN'S ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Raymond E. Durocher; receiving ward physician.

Place of birth: Ecorse, Mich. Date of Birth: May 21, 1914.

University or college attended: Wayne University College of Medicine. Number of years attendance: 4 years.

Date of graduation: June 5, 1939. Hospital in which interned: St. Marys' Hospital, Detroit, Mich.

Name of any postgraduate course taken, where taken, and length of time engaged in same: None.

Name any special courses or work engaged in, and where: None.

Name any special course taken in Veterans' Administration, and where taken: None.

Date appointed in Veterans' Administration:

Date transferred from United States Army to Veterans' Administration: December 31, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Wadsworth, Kans., January 4, 1945, to date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: Reported active duty October 14, 1942; officers' training school October 14 to November 28, 1942, Miami, Fla.; November 28, 1942, to February 13, 1943, dispensary service, B. T. C. No. 4, Miami Beach, Fla.; February 13, 1942, to May 28 (about), dispensary service, B. T. C. No. 6, St. Petersburg, Fla.; May 28, 1943, to January 29, 1944, dispensary service, Lincoln Army Air Base, Lincoln, Nebr.; January 29 to December 31, 1944, Buckley Field, Denver, Colo.; ward surgeon on medical service for 10 months (about), dispensary service; December 31, 1944, transferred to Veterans' Administration, Wadsworth Kans.

Date commissioned in Army of the United States, September 25, 1942. Rank: First Lieutenant; promoted February 10, 1944, to captain.

Salary as Army officer, \$2,400 base pay.

Salary and grade as Veterans' Administration medical officer: -----.

RAYMOND E. DUROCHER, *Captain, M. C.*

Date: April 7, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: William K. Freeman; clinical director, neuropsychiatric unit.

Place of birth: San Augustine, Tex. Date of birth: December 31, 1904.

University or college attended: University of Texas. Number years attendance: 7; B. S. and M. D. degrees.

Date of graduation: June 1927. Hospital in which interned: Hermann Hospital, Houston, Tex.

Name any postgraduate course taken, where taken, and length of time engaged in same: Residency in neuropsychiatry, Abilene State Hospital, Abilene, Tex.; residency in eye, ear, nose, and throat, Detroit Eye and Ear Hospital.

Name any special courses or work engaged in, and where: From 1930 to 1933, eye, ear, nose, and throat specialist for Southwest Clinic, Dallas, Tex.; ward physician, Rusk State Hospital, Rusk, Tex., from 1933 to 1936.

Name any special course taken in Veterans' Administration and where taken: None.

Date appointed in Veterans' Administration: January 6, 1936.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: North Little Rock, Ark., 1936; Gulfport, Miss., 1936-38; Fort Lyon, Colo., 1938-42; Fort Custer, Mich., 1942-45; Wadsworth, Kans., since February 1, 1945.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service:

Date commissioned in United States Army: February 21, 1944. Rank: Major, Medical Corps.

Salary as Army officer: \$3,000.

Salary and grade as Veterans' Administration medical officer: Grade 6, \$5,600.

W. K. FREEMAN.

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Harry J. Haynes; out-patient examiner, neuropsychiatry.

Place of birth: Alexandria, Va. Date of birth: July 2, 1912.

University or college attended: Emerson Institute, George Washington University. Number years' attendance: 1 year and 7 years, respectively.

Date of graduation: June 8, 1938.

Hospital in which interned: Gallinger Municipal Hospital; surgical residency, Gallinger Municipal Hospital.

Name any postgraduate course taken, where taken, and length of time engaged in same: Stanford University, Palo Alto, Calif., 1942, chemical warfare; University of California, San Francisco, Calif., 1943, neuropsychiatry and electroencephalography; Langley Porter Neuropsychiatric Clinic, San Francisco, Calif., 1943, neuropsychiatry and electroencephalography and modern and experimental shock therapy methods; Mayo Clinic, Rochester, Minn., 1943, neuropsychiatry, shock therapies, electroencephalography, and physical medicine; Northwestern University, Chicago, Ill., 1943, electrotherapeutics; University of Minnesota and Elizabeth Kenny Institute, Minneapolis, Minn., physical medicine and muscle dynamics; special undergraduate studies at St. Elizabeths Hospital, neuropsychiatry, Washington, D. C., 1932-38; studies in surgical prefrontal lobotomy with Drs. Freeman and Watts, George Washington University, Washington, D. C.; Standard University, Palo Alto, Calif., 1944, electronics and electronic microscopy.

Name any special courses or work engaged in, and where: See above.

Name any special course taken in Veterans' Administration, and where taken: Mayo Clinic, Rochester, Minn.

Date appointed in Veterans' Administration: November 1, 1939.

Date transferred from United States Army to Veterans' Administration: February 7, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service: Los Angeles, Calif., November 1, 1939, to February 1, 1940; Palo Alto, Calif., February 1, 1940 to February 1, 1945; Wadsworth, Kans., February 1, 1945, to present.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: Not applicable.

Date commissioned in United States Army: January 15, 1943. Rank: Captain.

Salary as Army officer: \$2,400 year.

Salary and grade as Veterans' Administration medical officer: \$4,600 plus \$637 overtime per year; grade 5; senior medical officer.

HARRY J. HAYNES, *Captain, Medical Corps.*

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Benjamin Epstein; ward physician cerebral and spinal lues.

Place of birth: New York City. Date of birth: August 18, 1910.

University or college attended: University of Vienna, Austria. Number of years attendance: Four and one-half; New York City Hospital, 6 months, 1937.

Date of graduation: December 1936. Hospital in which interned: Gouverneur, New York City, 1939-41.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name work engaged in, and where: Clinic work, Lincoln Hospital, 1937-39 (medical surgeon, genito-urinary and gynecological clinics); Mount Sinai Hospital, 1937-39 (pediatric clinic); Morrisania City Hospital, 1941-42 (genito-urinary clinic).

Name any special course taken in Veterans' Administration, and where taken: None except training course, 2 months, Aspinwall, Pa., March and April 1942.

Date appointed in Veterans' Administration: March 1, 1942.

Date transferred from United States Army to Veterans' Administration:

List various stations, giving dates, where engaged in Veterans' Administration service: Aspinwall, Pa., March 1 to April 30, 1942; Bedford, Mass., May 1 to January 31, 1942; Wadsworth, Kans., February 1, 1945, to date.

If Army officer not previously connected with Veterans' Administration, give résumé of Army service.

Date commissioned in United States Army: July 25, 1942. Rank: Captain.

Salary as Army officer: \$2,400.

Salary and grade as Veterans' Administration medical officer: Grade 4, \$3,800.

B. EPSTEIN.

Date: April 6, 1945.

VETERANS' ADMINISTRATION FACILITY OF WADSWORTH, KANS.

OUTLINE OF HISTORY OF MEDICAL OFFICERS

Name: Gregg B. Athy; receiving-ward physician.

Place of birth: Ellis, Kans. Date of birth: February 22, 1908.

University or college attended: Parsons Junior College, Parsons, Kans.; University of Kansas. Number years attendance: 2 years and 6 years.

Date of graduation: 1934. Hospital in which interned: St. Margaret's Hospital, Kansas City, Kans.

Name any postgraduate course taken, where taken, and length of time engaged in same: None.

Name and special courses or work engaged in, and where: General practice, Columbus, Kans., 1935-43.

Name any special course taken in Veterans' Administration, and where taken:

Date appointed in Veterans' Administration: No appointment.

Date transferred from United States Army to Veterans' Administration: December 31, 1944.

List various stations, giving dates, where engaged in Veterans' Administration service:

If Army officer not previously connected with Veterans' Administration, give résumé of Army service: Reported to duty, October 23, 1942. OTS, San Antonio Aviation Cadet Center, San Antonio, Tex.; November 21, 1942, transferred to Foster Field, Victoria, Tex., assigned as ward surgeon; January 12, 1943, detached service Matagorda Island bombing and gunnery range, assistant surgeon; March 12, 1943, transferred to Dodge City Army Air Field, Dodge City, Kans.; assigned as ward surgeon; June 1, 1943, Dodge City Army Air Field, Dodge City, Kans., assigned as chief of medical service; December 31, 1944, transferred to Veterans' Administration, Wadsworth, Kans.

Date commissioned in United States Army: September 16, 1942. Rank: First Lieutenant; October 21, 1943, promoted to captain.

Salary as Army officer: \$2,400 yearly.

Salary and grade as Veterans' Administration medical officer:

GREGG B. ATHY, *Captain, Medical Corps.*

Date: April 7, 1945.

Regular diet menu, week of April 2-8, 1945, Wadsworth, Kans.

APRIL 2, 1945

Breakfast:

Stewed raisins.
Oatmeal.
Cornmeal mush, syrup.
Toast, butter.
Coffee, milk.

Dinner:

Boiled franks, catsup.
Mashed potatoes.
Sauerkraut.
Bread, butter.
Apple pie.
Coffee, milk.

Supper:

Hot beef, gravy.
Buttered noodles, sweet relish.
Apple, celery, date salad-mayonnaise.
Bread, butter.
Raisin cookies.
Milk.

APRIL 3, 1945

Breakfast:

Oranges.
Grapenuts.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Veal steaks, cream gravy.
Cubed potatoes.
Mashed rutabagas.
Bread, butter.
Hot gingerbread with hard sauce.
Coffee, milk.

Supper:

Baked beans, liver sausage.
Stewed tomatoes.
Carrot sticks, beet pickles.
Rye bread, butter.
Peaches.
Milk.

APRIL 4, 1945

Breakfast:

Grapefruit halves.
Cream of Wheat.
Fried Eggs.
Toast, butter.
Coffee, milk.

Dinner:

Beef stew with biscuits.
Cabbage-pineapple slaw, boiled dressing.
Bread, butter.
Chocolate ice cream.
Coffee, milk.

Supper:

Apple fritters, bacon.
Canned lima beans.
Head lettuce, french dressing.
Bread, butter.
Glazed butterfly rolls.
Milk.

APRIL 5, 1945

Breakfast:

Stewed apricots.
Who'e wheat meal.
Soft cooked eggs.
Toast, butter.
Coffee, milk.

Dinner:

Roast ham, raisin sauce.
Glazed sweet potatoes.
Peas.
Bread, butter.
Peach pie.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Veal loaf.
Potato salad.
Celery curls.
Bread, butter.
Royal Anne cherries.
Milk.

APRIL 6, 1945

Breakfast:

Pineapple juice.
Oatmeal.
French toast, sirup.
Toast, butter.
Coffee, milk.

Dinner:

Cream of tomato soup, crackers.
Chilled salmon, beet pickles.
Scalloped potatoes.
Buttered carrots.
Bread, butter.
Vanilla ice cream.
Coffee, milk.

Supper:

Eggs a la golden rod on toast.
Buttered potatoes.
Black-eyed beans.
Apricot salad, mayonnaise.
Raisin bread, butter.
Chocolate pudding.
Milk.

APRIL 7, 1945

Breakfast:

Applesauce.
Cornflakes.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Saute liver.
Spaghetti a la Milanaise.
Fresh spinach with lemon.
Bread, butter.
Fruit cup.
Coffee, milk.

Regular diet menu, week of April 2-8, 1945, Wadsworth, Kans.—Continued

APRIL 7, 1945—continued

Supper:

Hamburgers, mustard.
Fried potatoes.
Sliced onion, pickles.
Bread, butter.
Prune whip.
Milk.

APRIL 8, 1945

Breakfast:

Plums.
Cream of Wheat.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Submitted by:

Approved:

APRIL 7, 1945—continued

Dinner:

Tomato juice.
Pork chops, dressing.
Glazed parsnips.
Head lettuce, Thousand Island dressing.
Bread, butter.
Grapenut ice cream.
Coffee, milk.

Supper:

Sliced cheese.
Deviled eggs.
Macaroni salad.
String beans.
Bread, butter.
Lemon layer cake.
Milk.

HELEN M. BRISBANE,
Chief Dietitian.

CHAS. M. PEARSALL,
Manager.

G. D. ALLEE, M. D.,
Chief Medical Officer.

Regular diet menu, week of January 8-14, 1945, Wadsworth Kans.

JANUARY 8, 1945

Breakfast:

Fresh grapes.
Cream of Wheat.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Corned beef, mustard.
Boiled potatoes.
Boiled cabbage.
Bread, butter.
Cottage pudding, fruit sauce.
Coffee, milk.

Supper:

Creamed dried beef on toast.
Broccoli.
Tomato aspic, salad, mayonnaise.
Raisin bread, butter.
Sliced pineapple.
Milk.

JANUARY 9, 1945

Breakfast:

Stewed raisins with lemon.
Whole-wheat meal.
Soft-cooked eggs.
Toast, butter.
Coffee, milk.

JANUARY 9, 1945—continued

Dinner:

Veal stew, dumplings.
Baked squash.
Celery, pickles.
Bread, butter.
Peach cobbler.
Coffee, milk.

Supper:

Sausage patties, chili sauce.
Fried potatoes.
Stewed corn.
Bread, butter.
Butterscotch pudding.
Milk.

JANUARY 10, 1945

Breakfast:

Grapefruit halves.
Oatmeal.
Corn-meal mush, sirup.
Toast, butter.
Coffee, milk.

Dinner:

Baked ham.
Scalloped potatoes.
String beans.
Bread, butter.
Pineapple ice cream.
Coffee, milk.

Regular diet menu, week of January 8-14, 1945, Wadsworth, Kans.—Continued

JANUARY 10, 1945—continued

Supper:

Corned beef hash, poached egg.
Julienne carrots.
Cabbage, apple slaw, boiled dressing.
Fresh rolls, butter.
Fruited gelatin.
Milk.

JANUARY 11, 1945

Breakfast:

Stewed prunes.
Cornflakes.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Swiss steaks.
Mashed potatoes.
Glazed parsnips.
Bread, butter.
Mincemeat pudding, orange sauce.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Baked beans.
Cold tomatoes.
Beet pickles, celery.
Bread, butter.
Lemon pie.
Milk.

JANUARY 12, 1945

Breakfast:

Figs.
Whole-wheat meal with dates.
Fried eggs.
Toast, butter.
Coffee, milk.

Dinner:

Chilled sardines, chowchow.
Parslied potatoes.
Peas.
Head lettuce, french dressing.
Bread, butter.
Chocolate ice cream.
Coffee, milk.

Supper:

Corn cakes, sirup.
Lima beans.
Mixed fruit salad.
Bread, butter.
Applesauce, oatmeal cookies.
Milk.

Submitted by:

Approved:

JANUARY 13, 1945

Breakfast:

Oranges.
Cream of wheat.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Lamb roast, gravy.
Browned potatoes.
Mashed turnips.
Bread, butter.
Peaches.
Coffee, milk.

Supper:

Meat loaf, gravy.
Buttered noodles.
Sliced onions.
Bread, butter.
Grape jelly roll.
Milk.

JANUARY 14, 1945

Breakfast:

Fresh pineapple.
Oatmeal.
Bacon.
Toast, butter, apple butter.
Coffee, milk.

Dinner:

Roast chicken, giblet gravy.
Steamed rice.
Cauliflower.
Mixed vegetable salad, French dressing.
Bread, butter.
Tutti frutti sundae.
Coffee, milk.

Supper:

Bean soup, crackers.
Liver sausage.
French fried potatoes.
Glazed carrots.
Fresh rolls, butter.
Graham Crax pudding.
Milk.

HELEN M. BRISBANE,
Chief Dietitian.

CHAS. M. PARSALL,
Manager.
G. D. ALLEE, M. D.,
Chief Medical Officer.

Regular diet menu, week of February 5-11, 1945, Wadsworth, Kans.

FEBRUARY 5, 1945

Breakfast:

Royal Anne cherries.
Wheat flakes.
Fried mush, sirup.
Toast, butter.
Coffee, milk.

Dinner:

Browned spareribs, gravy.
Seasoned noodles.
Buttered diced turnips.
Bread, butter.
Hot mincemeat pudding, lemon
sauce.
Coffee, milk.

Supper:

Chicken rice soup, Crax.
Swiss steaks.
Mashed potatoes.
Black-eyed peas.
Bread, butter.
Apple pie.
Milk.

FEBRUARY 6, 1945

Breakfast:

Tangerines.
Whole-wheat meal.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Veal steaks, cream gravy.
Parsleyed potatoes.
Buttered peas and celery.
Bread, butter.
Bread pudding, fruit sauce.
Coffee, milk.

Supper:

Baked beans with salt pork.
Stewed tomatoes.
Coleslaw.
Bread, butter.
Sliced pineapple, graham crax.
Milk.

FEBRUARY 7, 1945

Breakfast:

Stewed raisins with lemon.
Cream of Wheat.
Broiled bacon.
Toast, butter.
Coffee, milk.

Dinner:

Corned beef, horseradish.
Boiled potatoes.
Diced carrots.
Bread, butter.
Pineapple ice cream.
Coffee, milk.

FEBRUARY 7, 1945—continued

Supper:

Chop suey, Chinese noodles.
Steamed rice.
Bread, butter.
Peach surprise salad.
Glazed butterfly rolls.
Milk.

FEBRUARY 8, 1945

Breakfast:

Grapefruit halves.
Oatmeal.
Soft-cooked eggs.
Toast, butter.
Coffee, milk.

Dinner:

Roast beef au jus, vegetable relish.
Whipped potatoes.
String beans.
Bread, butter.
Steamed carrot pudding.
Coffee, milk.

Supper:

Corned-beef hash, chili sauce.
Escalloped cabbage.
Pickles.
Bread, butter.
Lemon pie.
Milk.

FEBRUARY 9, 1945

Breakfast:

Spiced applesauce.
Corn flakes.
Hot cakes, sirup.
Toast, butter.
Coffee, milk.

Dinner:

Chilled sardines, lemon.
Russian potatoes.
Breaded tomatoes.
Corn bread, butter.
Chocolate ice cream.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Creamed eggs and peas on toast.
Belgian baked potato.
Spiced peaches, celery hearts.
Bread, butter.
Grape jelly roll.
Milk.

FEBRUARY 10, 1945

Breakfast:

Stewed prunes.
Whole-wheat meal.
Coddled eggs.
Toast, butter.
Coffee, milk.

Regular diet menu, week of February 5-11, VTDE, Wadsworth, Kans.—Continued

FEBRUARY 10, 1945—continued

Dinner :

Roast lamb, cabbage spice.
Steamed rice, gravy.
Fresh spinach.
Bread, butter.
Fruit gelatin.
Coffee, milk.

Supper :

Spaghetti with meat sauce.
French fried eggplant.
Head lettuce, Thousand Island
dressing.
Bread, butter.
Peach cobbler.
Milk.

FEBRUARY 11, 1945

Breakfast :

Baked apples.
Oatmeal.
Bacon, fried egg.
Toast, butter.
Coffee, milk.

Submitted by :**Approved :**

FEBRUARY 11, 1945—continued

Dinner :

Roast ham, cream gravy.
Mashed potatoes.
Glazed carrots.
Chef's salad, radish roses.
Bread, butter.
Strawberry ice cream.
Coffee, milk.

Supper :

Sliced cheese, deviled eggs.
O'Brien potatoes.
Celery curls.
Bread, butter.
Lemon layer cake.
Milk.

HELEN M. BRISBANE,
Chief Dietitian.

CHAS. M. PEARSALL,
Manager.
G. D. ALLEE, M. D.
Chief Medical Officer.

Daily routine and special diet menus, Wadsworth, Kans.

BREAKFAST, THURSDAY, DEC. 7, 1944

Regular	Light	Soft: Gastric: Ulcer	Liquid	High CHO: Low fat	Diabetic
Stewed peaches. Cream of Wheat. Bacon. Toast, butter. Coffee, milk.	Stewed peaches. Cream of wheat. Bacon. Toast, butter. Coffee, milk.	Stewed peaches. Cream of wheat. Poached eggs. Toast, butter. Coffee, milk. GASTRIC Cocoa.	Fruit ade. Cereal gruel. Chocolate milk.	Stewed peaches. Cream of wheat. Poached eggs. Toast, butter. Coffee, milk.	Stewed peaches. Cream of wheat. Poached egg. Poached egg, 2 strips bacon. Toast, butter. Coffee, milk.

DINNER, THURSDAY, DEC. 7, 1944

Roast beef, cream gravy. Buttered potatoes. Horseradish. Buttered cabbage. Bread, butter. White cherries. Coffee, milk. MECHANICALS Ground beef.	Roast beef, Cream gravy. Buttered potatoes. Buttered asparagus. Toast, butter. White cherries. Coffee, milk. MECHANICALS Ground beef.	Cream celery soup. Cream gravy. Buttered potatoes. Asparagus souffle. Toast, butter. White cherries. Coffee, milk. GASTRIC Milk. GASTRIC II Roast beef.	Cream soup. Fruit ade. Milk shake. Custard.	Roast beef (no gravy). Buttered potatoes. Buttered asparagus. Toast, butter. White cherries. Coffee, milk.	Roast beef (no gravy). Buttered potatoes. Buttered cabbage. Asparagus. Bread, butter. Pumpkin custard. Coffee (small glass milk). REDUCTIONS Omit potatoes.
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SUPPER, THURSDAY, DEC. 7, 1944

Lamb patties, catsup. O'Brien potatoes. Head of lettuce, French dressing. Bread, butter. Cream puffs. Milk. MECHANICALS No lettuce. Stewed tomatoes.	Lamb patties (no catsup), cream gravy. Potato puff. Head lettuce (cream dressing). Toast, butter. Cream puffs. Milk. MECHANICALS No lettuce. Stewed tomatoes.	Julienne soup. Cream gravy. Potato puff. Tomato cheese souffle. Toast, butter. Cream puffs. Milk. GASTRIC Cream soup. Cocoa. GASTRIC II Lamb patties.	Cream soup. Tomato juice. Eggnog. Ice cream.	Lamb patties (no catsup). Potato puff. Head lettuce (cream dressing). Toast, butter. Fruit cup. Milk.	Lamb patties (no catsup). Potato puff. Stewed tomatoes. Special salad. Bread, butter. Fruit cup. Milk. REDUCTIONS Omit potato puff.
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BREAKFAST, MONDAY, FEB. 5, 1945

Royal Anne cherries. Wheat flakes. Fried mush, sirup. Toast, butter. Coffee, milk.	Royal Anne cherries. Oatmeal. Soft cooked eggs. Toast, butter. Coffee, milk.	Royal Anne cherries. Oatmeal. Soft cooked eggs. Toast, butter. Coffee, milk. GASTRICS Cocoa.	Fruit ade. Cereal gruel. Chocolate milk.	Royal Anne cherries. Wheat flakes. Soft cooked eggs. Toast, butter. Coffee, milk.	Canned grapefruit. Wheat flakes. Soft cooked eggs. Toast, butter. Coffee, milk.
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DINNER, MONDAY, FEB. 5, 1945

Browned spareribs, gravy. Seasoned noodles. Buttered diced turnips. Bread, butter. Mincemeat pudding, lemon sauce. Coffee, milk. MECHANICALS Meat loaf.	Meat loaf, tomato puree. Seasoned noodles. Carrots in cream. Toast, butter. Vanilla pudding. Coffee, milk.	Cream celery soup. Cream gravy. Seasoned noodles. Pureed carrots. Toast, butter. Vanilla pudding. Coffee, milk. GASTRICS Milk. GASTRIC II Meat loaf.	Strained cream soup. Eggnog. Tomato juice. Vanilla pudding.	Meat loaf, tomato puree. Seasoned noodles. Carrots in cream. Toast, butter. Vanilla pudding. Coffee, milk.	Meat loaf, tomato puree. Seasoned noodles. Buttered diced turnips. Carrots in cream. Bread, butter. Fruit cup. Coffee, milk. REDUCTION Omit noodles.
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Daily routine and special diet menus, Wadsworth, Kans.—Continued

SUPPER, MONDAY, FEB. 5, 1945

Regular	Light	Soft: Gastric: Ulcer	Liquid	High CHO: Low Fat	Diabetic
Chicken rice soup, Crax. Swiss steaks. Mashed potatoes. Black-eyed peas. Bread, butter. Apple pie. Milk. MECHANICALS Ground steak.	Chicken rice soup, Crax, special. Tenderloin steak. Cream gravy. Mashed potatoes. Buttered spinach. Toast, butter. Apple slices. Milk. MECHANICALS Ground steak.	Chicken rice soup, Crax, special. Mashed potatoes. Spinach soufflé. Cream gravy. Toast, butter. Apple slices. Milk. GASTRICS Cream soup. Cocoa. GASTRIC II Tenderloin steak.	Strained cream soup. Malted milk. Orange beverage. Custard.	Chicken rice soup, Crax, special. Tenderloin steak. Mashed potatoes. Spinach. Toast, butter. Apple slices. Milk.	Tenderloin steak. Mashed potatoes. Buttered spinach. Mixed vegetable salad (50). Bread, butter. Diabetic apple slices. Milk. REDUCTION Omit potatoes.

BREAKFAST, THURSDAY, APR. 5, 1945

Stewed apricots. Whole wheat meal. Soft-cooked eggs. Toast, butter. Coffee, milk. MECHANICALS 3-W Scrambled eggs.	Stewed apricots. Cornmeal mush. Soft-cooked eggs. Toast, butter. Coffee, milk.	Stewed apricots. Cornmeal mush. Soft-cooked eggs. Toast, butter. Coffee, milk. GASTRIC Cocoa.	Orange beverage. Cereal gruel. Malted milk.	Stewed apricots. Whole wheat meal. Soft-cooked eggs. Toast, butter. Coffee, milk.	Special stewed apricots. Soft-cooked eggs. Toast, butter. Coffee, milk.
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DINNER, THURSDAY, APR. 5, 1945

Roast ham, raisin sauce. Glazed sweetpotatoes. Peas. Bread, butter. Peach pie. Coffee, milk. MECHANICALS Ground ham.	Roast beef. Cream gravy. Whipped sweetpotatoes. Peas. Toast, butter. Pear halves. Coffee, milk. MECHANICALS Ground beef.	Cream of corn sirup. Cream gravy. Pea soufflé. Whipped sweetpotatoes. Toast, butter. Pear halves. Coffee, milk. GASTRICS Milk. GASTRIC II Roast beef.	Strained cream soup. Fruit ade. Eggnog. Jello.	Roast beef. Whipped sweetpotatoes. Peas. Toast, butter. Pear halves. Coffee, milk.	Roast ham (no sauce). Whipped sweetpotatoes. Peas. Bread, butter. Diabetes, grapefruit. Coffee, milk. REDUCTIONS Omit potatoes. Roast beef.
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SUPPER, THURSDAY, APR. 5, 1945

Vegetable soup, crax. Veal loaf. Potato salad. Celery curls. Bread, butter. Royal Anne cherries. Milk. MECHANICALS (No potato salad, celery.) Macaroni, with tomato puree.	Vegetable soup, special. Veal loaf, special. Macaroni, tomato puree. Celery curls. Toast, butter. Royal Anne cherries. Milk.	Vegetable soup, special. Macaroni, tomato puree. Scalloped celery. Toast, butter. Royal Anne cherries. Milk. GASTRICS Cocoa. Cream pea soup. GASTRIC II Veal loaf.	Strained cream soup. Lemonade. Milk shake. Junket.	Vegetable soup, special. Veal loaf, special. Macaroni, tomato puree. Celery curls. Toast, butter. Royal Anne cherries. Milk.	Vegetable soup, special. Veal loaf, special. Macaroni, tomato puree. Stewed corn. Bread, butter. Diabetes custard. Milk, small glass. REDUCTIONS Omit macaroni.
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VETERANS ADMINISTRATION FACILITY, WADSWORTH, KANS.

Number positions authorized	Designation	Incumbent	Per annum salary
2	Laboratorian in bacteriology (general medical and neuropsychiatric hospital).	(Poindexter, Annie R.	\$2,000
2	Assistant laboratorian in bacteriology (general medical and neuropsychiatric hospital).	(McDowell, Loula M.	2,000
1	Laboratory assistant (general medical and neuropsychiatric hospital).	(Klasinski, Helen M.	1,800
1	Chief occupational therapy aide (general medical hospital).	(Parks, Carl H.	1,800
1	Head occupational therapy aide (general medical hospital).	Vacant.	1,320
1	Occupational therapy aide (general medical hospital).	Mulherin, Sara P.	2,400
1	Head occupational therapy aide (general medical hospital).	Vacant.	2,000
1	Occupational therapy aide (general medical hospital).	do.	1,800
1	Head occupational therapy aide (neuropsychiatric hospital).	do.	2,000
4	Occupational therapy aide (neuropsychiatric hospital).	do.	1,800
3	Junior occupational therapy aide (neuropsychiatric hospital).	do.	1,620
4	Occupational therapy attendant (neuropsychiatric hospital).	do.	1,440
1	Chief physical therapy technician (general medical hospital).	do.	1,440
1	Physical therapy technician (general medical hospital).	Eichorn, Joseph J.	2,400
1	Chief physical therapy technician (neuropsychiatric hospital).	LeRoy, Sylvia A.	1,920
1	Physical therapy technician (neuropsychiatric hospital).	Vacant.	2,300
4	Physical therapy technician (neuropsychiatric hospital).	do.	1,800
4	Physical therapy technician attendants (neuropsychiatric hospital).	do.	1,440
1	Supervisor of attendants (general medical hospital).	Divine, Earl.	1,860
8	Hospital attendants (general medical hospital).	8 filled.	1,440-1,860
88	do.	72 filled.	1,200-1,680
1	Supervisor of attendants (neuropsychiatric hospital).	Vacant.	2,000
2	Head attendants (neuropsychiatric hospital).	do.	1,800
15	do.	do.	1,620
209	Hospital attendants (neuropsychiatric hospital).	do.	1,200-1,680
18	Mess attendants (general medical hospital).	18 filled.	1,320
42	do.	26 filled.	1,200
18	Mess attendants (neuropsychiatric hospital).	16 filled.	1,320
42	do.	29 filled.	1,200

STATEMENT OF HON. BERNARD W. KEARNEY, A REPRESENTATIVE IN THE CONGRESS OF THE UNITED STATES FROM THE THIRTY-FIRST DISTRICT OF NEW YORK

The CHAIRMAN. Proceed, Mr. Kearney. Give your name to the reporter, please.

Mr. KEARNEY. Bernard W. Kearney.

The CHAIRMAN. I believe you are past national commander of the Veterans of Foreign Wars, are you not?

Mr. KEARNEY. Yes; that is right.

The CHAIRMAN. You are a veteran of the last war?

Mr. KEARNEY. Yes.

The first hospital, Mr. Chairman, that I visited was the hospital at Sunmount, N. Y. On the date that I was there, April 4, there were 561 patients in that hospital.

The CHAIRMAN. What kind of a hospital is it?

Mr. KEARNEY. A TB hospital.

The CHAIRMAN. What is the bed capacity?

Mr. KEARNEY. I will have to come to that, Mr. Chairman.

The CHAIRMAN. Go ahead.

Mr. KEARNEY. Under treatment for advanced pulmonary tuberculosis there were 355; under treatment for moderately advanced pulmonary tuberculosis there were 100; under treatment for minimal pul-

monary tuberculosis there were 41; tuberculosis other than pulmonary, 3; general medical condition, 16; cases on which routine initial examinations have not been completed, 38.

This hospital is one of the older hospitals, and the patients are admitted to the reception center, where the history of physical examinations, laboratory examinations, and consultations are then given. If the patient is ambulatory, he goes to the regular clinics for special examinations, and if he is a bed patient, the specialist goes to the ward to see him.

There is an average of three to four out-patients that come to this facility every day. The examinations and treatments are supervised by the chief medical officer or the chief of the reception service.

I was particularly interested in the staff, as to whether they had a complete set-up, the set-up necessary to give full and complete care to the veterans that were domiciled in that facility. They were 14 nurses short, and all sources of recruitment in that local area were exhausted. They were 13 hospital attendants short. There are 25 limited-service enlisted men now assigned to duty at this institution, and an additional 50 have been requested to be assigned to relieve the attendant situation. The request had been approved when I was there, and it was expected that they would arrive some time within the next few days.

While we are on that subject, Mr. Chairman, I found out that in all of these hospitals where there are enlisted personnel there is great dissatisfaction among that enlisted personnel. I talked with numbers of these boys, and they all had the same story, that they enlisted to fight for their country and not to be assigned to any hospital for duty.

The kitchen was clean and the food was good. I ate with one of the doctors, whose name I cannot remember at this time. We ate in the same dining room, and ate the same food that the patients had. The only complaint there about the food was that a lot of the lads quartered there felt that they did not get enough. They were practically all TB patients, and those who were able to go into the dining room to eat were pretty healthy individuals and claimed that in some instances they were not given enough food. The bed patients complained that there was too much sameness in the food.

To give you an example of how these complaints were made, in one room where there were four beds, of two of the lads that complained about the food, one said that the food was not seasoned enough, and the other said it was seasoned too much. Others claimed that there was no seasoning at all.

Mr. McQUEEN. Were they World War II men?

Mr. KEARNEY. They were World War I men, that I was talking to in that particular connection. Probably that is what they make salt shakers for; I don't know. But it seems to me to be typical of all the complaints received in this type of hospital.

In the first place, I will grant that there is a terrific period of loneliness and homesickness day in and day out. All that these lads have to do is just to lie there and brood about their condition.

Their food, at least on the day I was there, and from the menus that I have here of that patricular wing, was food that I would like to have in my own home. In the refrigerator rooms that we went through the beef, pork, and bacon were of the finest quality, and the dietitian

there took particular pains to see that the food was properly prepared under the supervision of what I would call excellent cooks.

The CHAIRMAN. Are you inserting the menu into the record?

Mr. KEARNEY. I want to insert at this point in the record, Mr. Chairman, the menu from April 2 to 8.

(The menu referred to and submitted by the witness is as follows:)

Regular diet menu, week of April 2—8, 1945, Sunmount, N. Y.

APRIL 2, 1945

Breakfast:

Canned plums.
Oatmeal.
Soft eggs.
Any dry cereal.
Toast, butter.
Coffee, milk.

Dinner:

Soup and crackers.
Roast loin of pork and gravy.
Baked sweetpotatoes.
Buttered cabbage.
Bread pudding and sauce.
Bread, butter.
Coffee, milk.

Supper:

Beef vegetable stew.
Hot biscuits.
Cabbage relish.
Canned pears.
Bread, butter.
Cocoa, tea, milk.

APRIL 3, 1945

Breakfast:

Fresh grapefruit.
Cream of Wheat.
Any dry cereal.
Hot cakes and sirup.
Toast, butter.
Coffee, milk.

Dinner:

Soup and crackers.
Meat loaf and gravy.
Buttered noodles.
Buttered beets.
Steamed pudding, hard sauce.
Bread, butter.
Coffee, milk.

Supper:

Chicken pie:
Congealed fruit salad.
Maple nut cake, icing.
Bread, butter.
Cocoa, tea, milk.

APRIL 4, 1945

Breakfast:

Stewed apricots.
Oatmeal.
Any dry cereal.
Scrambled eggs and minced ham.
Toast, butter.
Coffee, milk.

Dinner:

Soup and crackers.
Roast beef and gravy.
Oven-brown potatoes.
Mashed rutabagas.
Chocolate blanc mange.
Bread, butter.
Coffee, milk.

Supper:

Soup and crackers.
Spaghetti, sauce, meat balls.
Vegetable salad.
Raised doughnuts.
Bread, butter.
Cocoa, tea, milk.

APRIL 5, 1945

Breakfast:

Canned figs.
Cream of Wheat.
Any dry cereal.
Fried eggs.
Toast, butter.
Coffee, milk.

Dinner:

Soup and crackers.
Braised beef cubes.
Mashed potatoes.
Onions in thin cream sauce.
Apple Betty with sauce.
Bread, butter.
Coffee, milk.

Supper:

Cold spiced ham.
Baked potatoes.
Shredded carrots.
Lettuce and French dressing.
Drop nut cookies.
Bread, butter.
Cocoa, tea, milk.

APRIL 6, 1945

Breakfast:

Oranges.
Oatmeal.
Any dry cereal.
Soft eggs.
Toast, butter.
Coffee, milk.

Regular diet menu, week of April 2-8, 1945, Sunmount, N. Y.—Continued

APRIL 6, 1945—continued

Dinner:

Soup and crackers.
Fried fillet of flounder.
Celery relish.
Parsley, buttered potatoes.
Buttered shredded carrots.
Butterscotch pie.
Bread, butter.
Coffee, milk.

Supper:

Oyster stew and crackers.
French fried potatoes.
Waldorf salad.
Molasses cookies.
Bread, butter.
Cocoa, tea, milk.

APRIL 7, 1945

Breakfast:

Stewed prunes.
Cream of Wheat.
Any dry cereal.
Fried eggs and bacon.
Toast, butter.
Coffee, milk.

Dinner:

Soup and crackers.
Broiled hamburger and gravy.
Mashed potatoes.
Mashed squash.
Fruit Jello, custard sauce.
Bread, butter.
Coffee, milk.

Submitted by:

Approved:

APRIL 7, 1945—continued

Supper:

Stewed frankfurters, mustard.
O'Brien potatoes.
Stewed tomatoes.
Chocolate fudge cake.
Bread, butter.
Cocoa, tea, milk.

APRIL 8, 1945

Breakfast:

Applesauce.
Oatmeal.
Any dry cereal.
Soft eggs.
Toast, butter.
Coffee, milk.

Dinner:

Soup and crackers.
Broiled steak.
Mashed potatoes.
French fried onions.
Celery hearts and pickles.
Caramel nut sundae.
Bread, butter.
Coffee, milk.

Supper:

Cold salmon.
Mixed pickles.
Baked potatoes.
Fruit cup.
Bread, butter.
Cocoa, tea, milk.

MATTIE L. BRIDGES,
Chief Dietitian.

H. R. LIPSCOMB,
Manager.

HENRY W. WALTINO,
Chief Medical Officer.

Mr. KEARNEY. In that connection, Mr. Chairman, and in connection with the rest of the hospitals that I visited, I will say that no advance notice was given of my visit, but at the same time—and I just simply put this into the record for what it is worth—it certainly was known that there was to be an investigation of these hospitals, due to the amount of publicity that was received by the patients and by the hospital officials prior to the time that any of these inspections were made.

The CHAIRMAN. I visited a good many of the hospitals last year, and one of them I visited was in this location, and in each instance I got a menu card for the week I was there, and so far as I could tell—of course there were some minor changes, you understand; there always is—so far as the quality and quantity of the food are concerned, I could not see any difference. I might be wrong. I just wondered if it would be a good idea for you to call for a menu card of some former period. They have them on record; they keep them, I understand.

Mr. KEARNEY. Yes; they do. They are filed in the records. In one particular hospital I have the menus for a month back, day by day.

The CHAIRMAN. Did you hear any complaints of mistreatment of the patients at this hospital?

Mr. KEARNEY. No. I did not hear of any complaints of mistreatment in this TB hospital. The only complaints that I heard were concerning the medical treatment. I am frank to say, Mr. Chairman, that I do not think that I should testify or attempt to testify on what medical treatment should be given to TB patients. I am a layman, not a doctor; and the only way I can ascertain whether that particular treatment is advanced enough and whether or not up-to-date methods are used, is by the testimony of unbiased physicians. There is no testimony along that line that I can give at all. I can tell you whether a hospital was clean or not, whether or not in my opinion the food was properly prepared and well cooked and of sufficient quantity, particularly on the day that I was at a particular hospital; and I can tell you of the entertainment to keep these lads' minds off their various illnesses, as to whether that is sufficient or not. But so far as going into the medical history of any of these patients or their care medically is concerned, I just do not qualify as a witness, and I don't think that any member of this committee does.

The CHAIRMAN. Is this one of the hospitals mentioned in the Maisel article?

Mr. McQUEEN. Yes.

Mr. KEARNEY. I think Sunmount was mentioned. I have forgotten what the testimony was.

The CHAIRMAN. With reference to medical treatment, I can remember that when I was a boy there was a good deal of typhoid fever in our section of the country, and the treatment was to starve the patient. A man who had had typhoid fever in those days looked as if he had been in a German concentration camp. Now they reverse that, I understand, and feed typhoid patients.

Mr. KEARNEY. They feed them unless they are on a particular diet, as I was given to understand.

The CHAIRMAN. With regard to tuberculosis we had the idea a few years ago that we had to send the patients to some high, dry climate. Now some of the medical authorities seem to be of the opinion that that is unnecessary. I do not know. As you say, I am not a doctor.

Mr. KEARNEY. Of course, Mr. Chairman, this area at Sunmount is the northern Adirondack area. In the past, when TB was a scourge upon the American people, there is where hospitals were erected, and the finest TB specialists in those days attended those hospitals and patients. For instance, the sanitarium at Ray Brook is probably one of the finest in the United States.

The CHAIRMAN. What is the altitude at this place?

Mr. KEARNEY. I cannot give you that offhand. It is in the higher portion of the Adirondacks.

The CHAIRMAN. Do you know what the rainfall is there?

Mr. KEARNEY. No. I did collect some data about the frequency of examinations, which might be pertinent to this investigation.

Regarding the sputum examinations, there was an examination once a month unless examinations more often were indicated. A urinalysis examination every 3 months; chest once a month; X-ray of the chest every 2 months; complete physical examination every 6 months.

There has been some talk here about the time devoted to the patients.

In this particular hospital on an average of 5 minutes daily was devoted to each patient; on an average of 30 minutes weekly to each patient, and more when necessary or when the patient requested any further attention. The time devoted to the patients by the nurses was on an average of 4 to 5 hours daily.

The CHAIRMAN. Do you mean to say that the physician saw every patient every day?

Mr. KEARNEY. That is what I was told. They gave every patient 5 minutes daily. I have not figured that out for the number of patients up there. I am simply giving you the information that was given to me.

The CHAIRMAN. Were they short on doctors? You have probably answered that question, but I am not sure.

Mr. KEARNEY. The number of authorized physicians or medical officers was 10, and they were short 1.

The CHAIRMAN. Were those local doctors?

Mr. KEARNEY. No; they were Veterans' Administration doctors. They come from all over.

Mr. McQUEEN. Was the treatment given, as stated to you, borne out by your observations on a day's visit there?

Mr. KEARNEY. I cannot answer that question to check up personally to see whether 5 minutes was given or not.

Mr. McQUEEN. I mean in a general way.

Mr. KEARNEY. When I went through the hospital I had Colonel Lipscomb with me for a while, and then I went on alone; but of course during the times I was in the wards and the bedrooms there was no one with me outside of the time that Colonel Lipscomb accompanied me. If I found a room where there was a doctor examining or taking care of a patient, whatever the term is, I just did not go in there at that time.

I talked with plenty of these boys. I think that the hospital at Sunmount is overcrowded, and I say that for this reason, that several of the rooms that we went into there were so-called two-bed rooms; in other words, two beds in that particular room, and room had been made for another bed. That caused numerous complaints by the patients who were quartered in those rooms. For instance, one lad said to me, "They brought this vet in here, and all he does is cough and hack all night long, and we just can't stand it."

They evidently had either not come to the time in their TB experience when they were constantly coughing and hacking, or they were the so-called arrested cases.

Mr. PETERSON of Florida. Did you run into any rooms like little sunrooms which, on account of the crowded condition, they had to use for bedrooms?

Mr. KEARNEY. Yes, I did; and that reacted on patients who are able to move around, that their recreational room or sunroom had been taken away.

Mr. PETERSON of Florida. I had the same experience in a hospital which I visited in Florida. There was a sunroom where the ambulatory patients could go and talk to their folks when they came in, and they could use the sunrooms to visit in. Now they are being used for patients, and they have no place where they can be alone with their visitors.

Mr. KEARNEY. They have a fairly good canteen in this hospital. But there is one thing that I want to report on, and that is the manner and method of cashing checks for these lads. I realize that under the laws of the State of New York there is a service charge for the cashing of checks at any bank. I think it is 10 cents a check up to a certain amount. That is what was being charged at Sunmount. But it seems to me that the Veterans' Administration could make arrangements with the local bank that on a certain day somebody would come there with sufficient moneys to cash all of these checks, without any charge at all to these veterans. It is just another added irritation. You cannot blame them for it.

I talked with two lads that were moved from the Aspinwall Hospital. The story that I got from one convinced me that he was right. Here was Aspinwall Hospital with a certain number of beds in the TB section, but they moved this lad from Aspinwall away up to northern New York where he is away from his friends, away from his home. He is in the midst of strangers. That is another irritation. If he is a bed case, that is something that he lies and broods on all day long.

As a matter of fact, on the day I was there there was a man from the Pittsburgh area who was being discharged as an arrested case, and the only complaint that he had—I heard his conversation with the manager—was that he could not understand by any manner of means why he should be sent away up to northern New York when he lived near the Aspinwall Hospital where his friends and relatives could go to visit him.

Mr. PETERSON of Florida. Was the fact of being overcrowded assigned as the reason?

Mr. KEARNEY. I do not know.

Mr. PETERSON of Florida. In Florida we had an overcrowded condition in one hospital and they had to send patients to Lake City.

Mr. CUNNINGHAM. In my experience they asked that they be sent to another hospital, because of the smoke and fog in Pittsburgh.

Mr. KEARNEY. That is something that you are going to get all the while, because it is a case of the individual man, his mental attitude toward his own physical condition. Lots of men are satisfied to do just what they are are told and cure themselves as quickly as they can, and then go home.

I have not talked with a man in any of these hospitals who wants to stay there. His attitude and his idea are to have the doctors say he is fit to go home, so he can go.

Mr. SCRIVNER. You did not find any attitude expressed that they were merely in there to get three meals a day and a place to sleep?

Mr. KEARNEY. I did not find any of that at all.

Mr. McQUEEN. Did you find any complaints from the men as to the time of day that the meals were served?

Mr. KEARNEY. Yes.

Mr. McQUEEN. Particularly, which meal?

Mr. KEARNEY. It was generally the evening meal.

Mr. McQUEEN. As you recall it, what time of day was the evening meal served?

Mr. KEARNEY. As I remember, the evening meal was served around 4:30 or 5 o'clock, in Sunmount.

Mr. McQUEEN. They all figure that to be too early?

Mr. KEARNEY. Yes. As one lad expressed it to me, "By the time I get through with this meal and am ready to go to sleep, I am hungry again."

Mr. McQUEEN. Did you find that a general complaint in most of the hospitals you were in?

Mr. KEARNEY. That is right.

Mr. McQUEEN. That is all.

Mr. SCRIVNER. Was that due to the fact that they were running into difficulty in working split shifts in the kitchen?

Mr. KEARNEY. No; I wouldn't say that. That is the way it has always been done.

Mr. SCRIVNER. The reason I ask that is that at one of the hospitals the explanation given was that under the War Manpower regulations they could not work their kitchen help in split shifts and, due to the shortage, they had to get the meals out when they could, before the help went home.

Mr. KEARNEY. I suppose that is so. I know that in all these hospitals that we went into they have a shortage of doctors and nurses, but particularly attendants.

Without taking the time of the committee, Mr. Chairman, there are some further remarks on Sunmount that I would like to insert at this point in the record.

The CHAIRMAN. Without objection, it is so ordered.

(The remarks referred to are as follows:)

VETERANS' ADMINISTRATION, SUNMOUNT, N. Y., APRIL 4, 1945

PATIENTS

All ambulatory patients are given gate passes twice a week from 3 to 9:45 p. m. Those patients on infirmary or semiambulatory wards are granted gate passes only if their physical condition permits. All patients whose physical condition permits are allowed to the movies which are shown at the facility at least three times a week (sometimes four times a week). They may also attend bingo parties which are held twice a month, and USO shows which are held on an average of once a month. They are permitted to work in the occupational therapy department for a time prescribed by the ward physician, and permitted to go to the facility library where they may read current newspapers and magazines.

The medical reasons for not permitting the above-named privileges are a great deal of pathology, or lesser amounts that are not stationary or improving; any complications of pulmonary tuberculosis; and elevation of temperature and pulse. The amount of activity the patient is permitted to have depends solely upon his physical condition and progress he is making.

Veterans' Administration, Sunmount, N. Y., Patients, Apr. 4, 1945

(a) Total number of patients as of this date.....	561
Under treatment for—	
Far advanced pulmonary tuberculosis.....	355
Moderately advanced pulmonary tuberculosis.....	100
Minimal pulmonary tuberculosis.....	41
Tuberculosis other than pulmonary.....	3
General medical conditions.....	16
Under observation for pulmonary tuberculosis.....	8
Cases on which routine initial examinations have not been completed.....	38

Veterans' Administration, Sunmount, N. Y., Patients, Apr. 4, 1945—Continued

(b) Frequency of examinations:

Sputum examinations: Routine once a month, more often when indicated.

Urinalysis: Every 3 months.

Chest: Once a month.

X-ray of chest: Every 2 months.

Complete physical: Examination every 6 months.

(c) Time devoted to patients by physicians:

On an average of—

5 minutes daily to each patient.

30 minutes weekly to each patient.

2 hours per month to each patient.

(More when necessary or when patient requests any information.)

Time devoted to patients by nurses: On an average of 4 to 5 hours daily to nursing duties.

VETERANS' ADMINISTRATION, SUNMOUNT, N. Y.

(a) Type of hospital: Tuberculosis.

(b) All patients are admitted to the reception service (ward C-1). In this ward histories, physical examinations, laboratory examinations, and consultations are made. If patient is ambulatory he goes to the various clinics for special examinations. If a bed patient, the specialist goes to the ward to see him. Indicated medical treatment is begun on the reception service.

(c) An average of three to four out-patients come to this facility every day. The examinations and treatments are supervised by the chief medical officer, or the chief of the reception service.

(d) The history, physical examination, indicated laboratory examinations, and indicated examinations by specialists are carried out on the reception service.

(e) In an emergency the treatment of the patient is begun immediately. In other cases, no treatment is instituted until after history and physical examinations have been completed. Following the general physical examination and special examinations, the indicated medical or surgical treatment is carried out. At the completion of the observational study on the reception ward, the patient is transferred to a treatment ward. Most of the patients at this facility are undergoing treatment for pulmonary tuberculosis, and these patients receive whatever treatment appears to be indicated. Some require bed rest, proper diet, and symptomatic treatment only; others receive pneumothorax treatment; when indicated such other procedures are phrenic nerve crush, pneumolysis, or thoracoplasty are carried out.

The CHAIRMAN. Does anybody want to ask any questions about Sunmount? (No response.) If not, you may proceed.

Mr. KEARNEY. I will say that in all of these visits the greater portion of the daylight hours was consumed in going through the hospital.

The CHAIRMAN. Is Sunmount in your district?

Mr. KEARNEY. No; that is in Congressman Kilburn's district. I do not have any hospitals at all in my district. The nearest one to me is the one at Saratoga, and that is in Congressman Taylor's district.

The CHAIRMAN. Are you making recommendations on Sunmount?

Mr. KEARNEY. I will make general recommendations on all of them.

Mr. McQUEEN. Castle Point is also a TB hospital; is it not?

Mr. KEARNEY. Yes, sir. The testimony of Mr. Maisel concerning the break-down in the food situation I found to be absolutely so. The lad that he particularly mentioned in his article and talked about in his testimony here, James Collier, I also talked with; and from the testimony given by Congressman Cunningham and Mr. Maisel it varied in some degree from the statement I received from Collier himself.

There is no doubt about the fact that Collier was a bed patient, and when it came time for him to go to the Bronx 81 facility he did go down

in a train. I strongly condemn the doctors who ordered that lad to go down in a train. He was a bed case. But the testimony of Mr. Maisel, I believe—I think I am correct in this—was that he took a trolley car from One-hundred and Twenty-Fifth Street station to the Bronx hospital; and that is not so, according to the statement of Collier to me. He said that he was met at the station by a station wagon from Bronx 81.

That is probably all outside the point, but I just wanted to straighten out that particular bit of testimony as coming from Collier himself.

I talked with Colonel Bates on this Collier matter. As a matter of fact, he was present when I talked with Collier, and there was not any question but what the hospital made a mistake in sending that lad down the way they did.

The CHAIRMAN. Who was responsible for it?

Mr. KEARNEY. If I were boss of an institution and it happened when I was there as the boss, I would say I was responsible for it.

The CHAIRMAN. What doctor was responsible for it?

Mr. KEARNEY. I cannot give you the name of the doctor.

The CHAIRMAN. Will you insert in the record the names of the doctors at that hospital, as part of your testimony, at this point? If you do not have them, the Veterans' Administration will supply them for you.

Mr. KEARNEY. Yes.

(Information requested is as follows:)

The CHAIRMAN. Was the Collier case an isolated case, or was that the practice of the hospital?

Mr. KEARNEY. In that particular hospital that is the only case that I came across that had a parallel experience; and the reason that I was interested in it was due to the fact that it had appeared in the Cosmopolitan article. Collier told me that he was very bitter at the time that this happened, but when I spoke with him on April 5 I believe at that time he was going to leave the hospital in a few days, and some of the bitterness had been removed from his heart. But it seemed to me that it was just one of those things that happened that should not have happened.

The CHAIRMAN. Why was he getting ready to leave the hospital?

Mr. KEARNEY. He has a so-called arrested case, and they think he can go back home.

Mr. SCRIVNER. Did you find out why he was sent to Bronx 81?

Mr. KEARNEY. He was sent there, as I recollect, to have an operation for collapse of the lung.

Mr. SCRIVNER. Was it because they did not have the facilities available at Sunmount?

Mr. KEARNEY. Yes.

Mr. McQUEEN. The facilities, or the doctors to do the work?

Mr. KEARNEY. I understood it was both. I might be wrong on the facilities, but I was given the impression that it was both.

The CHAIRMAN. How far are these hospitals apart, Castle Point and the Bronx 81?

Mr. KEARNEY. Castle Point and the Bronx, I would say, are between 40 and 50 miles apart. I believe the distance is more than that. It is between 60 and 70 miles.

The CHAIRMAN. Bronx 81 is not a TB hospital, too, is it?

Mr. KEARNEY. No; it is a general medical hospital, but they do have other cases from time to time that are brought down there for diagnosis.

The CHAIRMAN. When did this man make the trip from one of the hospitals to the other?

Mr. KEARNEY. I cannot tell you that. It is probably in the record.

Mr. McQUEEN. It is in the magazine article, Mr. Chairman.

Mr. CUNNINGHAM. It was this year. I think it was in February.

Mr. SCRIVNER. No; it was a year ago in February.

Mr. KEARNEY. That is correct, I believe.

Mr. SCRIVNER. Let me ask one more question. What did Collier say about being forced to carry his own luggage?

Mr. KEARNEY. He had to carry whatever he took on the train with him; he told me that.

Mr. SCRIVNER. When he got off the train and was met by the station wagon, did the wagon carry his luggage?

Mr. KEARNEY. He told me the luggage was put into the station wagon and he was taken to the hospital at the Bronx, where he lay for several weeks, and finally he was sent back without an operation.

The CHAIRMAN. Did he ever get the operation?

Mr. KEARNEY. No.

The CHAIRMAN. But you say he is now leaving the hospital because his case has been arrested?

Mr. KEARNEY. That is what I was told.

The CHAIRMAN. What did they say about not giving him an operation? Did they decide it was best not to give it to him, or what was the decision?

Mr. KEARNEY. I think in that particular instance it might be just one of those cases that they do not care to discuss. In other words, the impression that I got was—and I am saying this in all fairness to the hospital and to the patient—it was one of those cases where a mistake was made. They acknowledged it, and that is the end of it.

Mr. CUNNINGHAM. Do you know whether or not he was sent down there to be operated upon or definitely to find out whether or not an operation was necessary?

Mr. KEARNEY. As I understand, he was sent down there to be operated on.

Mr. CUNNINGHAM. That is, the doctors at the hospital he was sent from were of the opinion that he should be operated?

Mr. KEARNEY. That is correct.

Mr. CUNNINGHAM. Do you know whether or not the doctors at the Bronx hospital where he was sent had a different opinion after they examined him?

Mr. KEARNEY. From talking with Colonel Cooke, who was not in the Bronx hospital or in charge of it when this happened, my personal opinion would be, after talking with the doctors from Castle Point and from the Bronx, that it was just one of those things, as I said before. Nobody seemed to know why he was not operated on, but he was sent there for an operation.

The CHAIRMAN. It seems to me that so far as the operation is concerned, the answer is that he is now leaving the hospital and has an arrested case.

Mr. KEARNEY. It might have happened also that the lad might have died without being operated on.

The CHAIRMAN. He might have died if he had been operated on. I want to know why the doctors did not operate. It may be that they examined him at the Bronx hospital and decided that it would be best for them not to operate. But the answer to that proposition is that he is now leaving the hospital, an arrested case.

Mr. KEARNEY. The answer to the proposition, as I got it from Collier, is that they were "too damned busy to take care of me."

The CHAIRMAN. I am not condoning the fact that he was sent down there; I am just talking about what they did to him after he got there.

Mr. KEARNEY. They did nothing for him.

The CHAIRMAN. If they arrested his case, maybe that was the proper treatment.

Mr. KEARNEY. Again I say I am not qualified to speak on that.

The CHAIRMAN. I am not, either; I am just asking the question.

Mr. KEARNEY. I am going under the assumption that if he was sent down there for an operation and did not have one, it was not the correct treatment, regardless of the fact that he is an arrested case now.

Mr. McQUEEN. Is it not a fact, from what you stated before, that there was nobody to properly diagnose his case, and your assumption was that there were no facilities for an operation, if needed, at Castle Point?

Mr. KEARNEY. I did not say "if needed." I simply gave the story as I got it, that he was sent down there for an operation. If he was sent down there for an operation the diagnosis certainly at Castle Point must have been that he needed one.

Mr. McQUEEN. Did he get a diagnosis at Castle Point?

Mr. KEARNEY. Oh, yes.

Mr. McQUEEN. My understanding of your statement was that there was no one to give him a diagnosis.

Mr. KEARNEY. No; he was given a diagnosis and was sent to Bronx 81 primarily for the purpose of being operated on.

Mr. McQUEEN. Mr. Chairman, I think I can bring in the records, and we can show by medical testimony what happened there. I think that would be the thing to do, don't you?

Mr. KEARNEY. So far as medical testimony is concerned, Mr. Counsel, I am not qualified to testify. I do not know anything about medicine.

The CHAIRMAN. Here is the thing that disturbs me most about this individual case: If the doctor that sent him down there was negligent in the way he sent him, he might well have misunderstood his case and might have made a mistake in sending him down there for an operation. The outcome of it was that the doctors at the Bronx hospital evidently decided that he did not need an operation, and that judgment is borne out by the fact that he is now recovering or at least his case is arrested. So I do not see why you have any complaint, so far, about the Bronx hospital.

Mr. KEARNEY. I do not have any complaint. I am merely telling my story here. But I do say that the complaint is borne out by the statement of Colonel Bates at Castle Point, and also by Colonel Cooke at Base 81, who both acknowledged that there was a horrible mistake made.

The CHAIRMAN. Base 81 is the Bronx hospital.

Mr. KEARNEY. Yes.

The CHAIRMAN. Where did they say the mistake was made?

Mr. KEARNEY. It was made in sending him for an operation down there in the train in the first instance, when he should have been sent in an ambulance.

The CHAIRMAN. I think everybody agrees on that.

Mr. KEARNEY. The second mistake was that after he had lain in bed for several days, going on weeks, nothing was done for him down there.

The CHAIRMAN. The doctor that sent him down to have the operation was evidently the one who made the mistake in sending him on the train.

Mr. SCRIVNER. Not necessarily. It might have been one doctor that decided he should have an operation, and somebody else was responsible for the transportation.

The CHAIRMAN. I cannot see why the doctor at the Bronx hospital is subject to criticism, from my viewpoint as a mere layman, when the treatment that he recommended has enabled the man to recover sufficiently to leave the hospital as an arrested case.

Mr. KEARNEY. Again, Mr. Chairman, I am simply giving the story as I got it. So far as the question of whether the doctors did right or did not do right, I am not qualified to testify.

Mr. CUNNINGHAM. They admitted it was a mistake. Was there any action taken against those who were responsible for the mistake?

Mr. KEARNEY. So far as I know, there was none taken.

The CHAIRMAN. Let me ask you another question right there. I do not know whether you can answer it or not. What percentage of these tubercular cases become arrested, and how long does it ordinarily take them to reach that point?

Mr. SCRIVNER. At Castle Point?

The CHAIRMAN. At any of these hospitals.

Mr. KEARNEY. I cannot answer that.

The CHAIRMAN. If I understand the attitude of the medical profession, they do not claim to cure tuberculosis, but merely to arrest it. In this case, regardless of the fact that this boy went on a train when he should have been sent in an ambulance, the outcome of the treatment was that he got his case arrested.

Mr. SCRIVNER. The trip on the train might have delayed the arresting.

The CHAIRMAN. Yes; but I do not think that we as laymen are in any position to criticize the doctors at the Bronx hospital.

Mr. KEARNEY. I am not criticizing the doctors at the Bronx hospital. I am simply giving the story in order to clear up certain points that were, to my mind, contrary to the statement that Collier gave me himself.

As to how long it takes to cure TB. I cannot answer that question. I cannot answer the question, either, as to whether doctors who might tell an individual that he has TB—well, I might cite my own case. In France, in 1918, I was told that I had TB, but I am a pretty well man for one who has had it. So it may be that the individual doctor does not know his business.

Mr. CUNNINGHAM. When you were talking to Mr. Collier did he say anything about whether he believed himself he was able to make the trip alone, or did he protest?

Mr. KEARNEY. He did not protest. I got the impression that he felt he was in no condition to make the trip by train.

The CHAIRMAN. Were there any other similar complaints at that hospital?

Mr. KEARNEY. No. The only complaints were the same as happened at Sunmount. Individuals to whom I talked felt that there was too much sameness in the food, and in some instances the food was not seasoned enough, and in other instances it was seasoned too much. Then, again, there were many complaints that individuals thought they should be able to have food any time they wanted it. I spoke to several of the doctors about that situation, and they said that in some instances these lads who made these complaints were on a particular diet, and they would not change that diet. They knew what was good for the patient, and that was their orders, and that is the way it was going to be. I had no quarrel with them on that, but I did have a quarrel with anyone who denies, if it does happen, these veterans a sufficient amount of food. In other words, if it is going to satisfy them, they are entitled to it.

I had no complaints about the sufficiency of the food at Castle Point. At Sunmount some of the boys said they would like a little more food.

The CHAIRMAN. Did you bring a menu card from Castle Point?

Mr. KEARNEY. I have a menu card from Castle Point from February 18 to April 9, which I would like to insert in the record at this point. (The menus referred to are as follows:)

Tentative menu, week of February 12-18, 1945, Castle Point, N. Y.

FEBRUARY 12, 1495

Breakfast:

Stewed peaches.
Rolled oats or dry cereals with cream.
Eggs to order.
Peach preserves.
Toast, butter.
Coffee, tea, milk.

Dinner:

Vegetable soup.
Roast lamb, gravy, mint jelly.
Steamed rice.
Mashed rutabagas.
Baked custard.
Bread, butter.
Coffee, tea, milk.

Supper:

Cream of corn soup.
Baked sausage.
Baked potatoes.
Diced carrots (fresh).
Baked apples.
Bread, butter.
Coffee, tea, milk.

MARCH 6, 1945—continued

Breakfast—Continued

Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Cream spinach soup.
Hamburgers, chili sauce.
Mashed potatoes.
Succotash.
Lettuce and mayonnaise.
Soft buns.
Canned apricots.
Bread, butter.
Coffee, tea, milk.

Supper:

Split pea soup.
Salmon salad on lettuce.
French-fried potatoes.
Beet pickles.
Cream puffs.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 18, 1945

MARCH 6, 1945

Breakfast:

Grapefruit.
Cream of Wheat or dry cereals with cream.
Eggs to order.

Breakfast:

Stewed apricots.
Wheatena or dry cereals with cream.
Hot cakes with sirup.
Toast, butter.
Coffee, tea, milk.

Tentative menu, week of February 12-18, 1945, Castle Point, N. Y.—Continued

FEBRUARY 18, 1945—continued

Dinner:

Tomato rice broth.
Pork chops, gravy.
Mashed potatoes.
Fresh green peas.
Baking powder biscuits.
Cherry ice cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Vegetable soup.
Bacon.
Macaronni and cheese.
Green string beans.
Tomato salad.
Fruit cup.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 15, 1945

Breakfast:

California oranges.
Rolled oats or dry cereals, with cream.
Apple butter.
Eggs to order.
Toast, butter.
Coffee, tea, milk.

Dinner:

Asparagus soup.
Liver and gravy.
Steamed potatoes.
Creamed celery.
Sweet relish.
Raisin pie.
Bread, butter.
Coffee, tea, milk.

Supper:

Bean soup.
Lamb stew with vegetables.
Potato puff au gratin.
Peach salad on lettuce with mayonnaise.
Date cakes.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 16, 1945

Breakfast:

Stewed prunes.
Wheatena or dry cereals with cream.
Eggs to order.
Blackberry jam.
Toast, butter.
Coffee, tea, milk.

Dinner:

Cream tomato soup.
Fried butterfish, lemon.
Mashed potatoes.
Sliced lettuce, french dressing.
Cottage pudding, chocolate sauce.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 16, 1945—continued

Supper:

Oyster stew, crackers.
French-fried codfish balls.
Fresh buttered lima beans.
Vegetable salad on lettuce.
Apple cheese crisp.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 17, 1945

Breakfast:

Apples.
Cream of Wheat or dry cereals with cream.
Fried mush, sirup.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Cream celery soup.
Stewed chicken.
Mashed potatoes.
Buttered beets.
Butterscotch pie with meringue.
Bread, butter.
Coffee, tea, milk.

Supper:

Split pea soup.
Ham and eggs.
Escalloped potatoes.
Buttered carrots.
Grapes.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 18, 1945

Breakfast:

Fruit compote.
Rolled oats or dry cereal with cream.
Eggs to order.
Raisin toast, butter.
Coffee, tea, milk.

Dinner:

Chicken broth and rice.
Roast beef, gravy.
Browned potatoes.
Stewed corn.
Grape-nut ice cream.
Radishes.
Bread, butter.
Coffee, tea, milk.

Supper:

Cream of carrot soup.
Chicken ala king.
Mashed potatoes.
Mixed fruit salad on endive with mayonnaise.
Chocolate cup cakes with fudge icing.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of March 5 to 11, 1945, Castle Point, N. Y.

MARCH 5, 1945

Breakfast:

California oranges.
Oatmeal or dry cereal with cream.
Eggs to order.
Orange marmalade.
Toast, butter.
Coffee, tea, milk.

Dinner:

Cream of tomato soup.
Baked ham.
Baked potatoes.
Carrots and peas.
Relish.
Butterscotch pudding.
Bread, butter.
Coffee, tea, milk.

Supper:

Bean soup.
Hot roast-beef sandwiches.
Mashed potatoes.
Peach and cottage cheese salad.
Baked custard.
Bread, butter.
Coffee, tea, milk.

FEBRUARY 13, 1945

Breakfast:

Applesauce.
Oatmeal or dry cereals with cream.
Eggs to order.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Rice broth.
Boiled beef, gravy.
French-fried potatoes.
Lettuce, French dressing.
Lemon meringue pie.
Bread, butter.
Coffee, tea, milk.

Supper:

Vegetable soup.
Chicken salad.
Potato chips.
Peas.
Jello, custard sauce.
Bread, butter.
Coffee, tea, milk.

MARCH 7, 1945

Breakfast:

Stewed prunes.
Wheatena or dry cereals with cream.
Eggs to order.
Raspberry jam.
Toast, butter.
Coffee, tea, milk.

MARCH 7, 1945—continued

Dinner:

Cream of celery soup.
Meat loaf, tomato sauce.
Mashed potatoes.
Stewed corn.
Chocolate ice cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Vermicelli soup.
Baked lima beans.
Cold roast beef.
Tomato salad.
Apple brown betty, lemon sauce.
Bread, butter.
Coffee, tea, milk.

MARCH 8, 1945

Breakfast:

Grapefruit.
Oatmeal or dry cereals with cream.
Hot cakes, sirup.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Vegetable soup.
Swiss steak, gravy.
Mashed potatoes.
Fresh buttered green beans.
Sour pickles.
Rhubarb.
Bread, butter.
Coffee, tea, milk.

Supper:

Bouillon.
Baked meat balls.
Spaghetti with tomato sauce.
French coleslaw.
Peach pie.
Bread, butter.
Coffee, tea, milk.

MARCH 9, 1945

Breakfast:

Stewed peaches.
Wheatena or dry cereals with cream.
Fried mush, sirup.
Toast, butter.
Coffee, tea, milk.

Dinner:

Cream of asparagus soup.
Fried flounder, Tartar sauce.
French-fried potatoes.
Stewed tomatoes.
Lemon ice cream.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of March 5 to 11, 1945, Castle Point, N. Y.—Continued

MARCH 9, 1945—continued

MARCH 11, 1945

Supper:

Tomato rice soup.
 Fried pilchards, catsup.
 Baked potatoes.
 Peas.
 Celery hearts.
 Coconut cream pie with meringue.
 Bread, butter.
 Coffee, tea, milk.

MARCH 10, 1945

Breakfast:

Figs.
 Oatmeal and bran with cream.
 Eggs to order.
 Bacon.
 Toast, butter.
 Coffee, tea, milk.

Dinner:

Vegetable soup.
 Chicken a la king.
 Mashed potatoes.
 Lima beans.
 Date custard.
 Bread, butter.
 Coffee, tea, milk.

Supper:

Chicken broth.
 Meat pie.
 Scalloped potatoes.
 Lettuce, french dressing.
 Baked apples.
 Bread, butter.
 Coffee, tea, milk.

Breakfast:

California oranges.
 Oatmeal or dry cereals with cream.
 Eggs to order.
 Coffee cake.
 Toast, butter.
 Coffee, tea, milk.

Dinner:

Navy bean soup.
 Baked ham, mustard.
 Mashed potatoes.
 Red cabbage.
 Carrot strips.
 Butterscotch sundae.
 Bread, butter.
 Coffee, tea, milk.

Supper:

Oyster stew.
 Sandwiches.
 French-fried potatoes.
 Green onions.
 Grapes.
 Peanut butter cookies.
 Bread, butter.
 Coffee, tea, milk.

Tentative menu, week of March 19–25, 1945, Castle Point, N. Y.

MARCH 19, 1945

MARCH 20, 1945

Breakfast:

California oranges.
 Oatmeal or dry cereal with cream.
 Eggs to order.
 Jam.
 Toast, butter.
 Coffee, tea, milk.

Dinner:

Soup.
 Boiled beef tongue, mustard.
 Mashed potatoes.
 Waldorf salad on lettuce.
 Blitz kuchen.
 Bread, butter.
 Coffee, tea, milk.

Supper:

Soup.
 Hamburgers, buns.
 Sliced onions.
 Fried potatoes.
 Shredded lettuce, french dressing.
 Stewed fresh pears.
 Bread, butter.
 Coffee, tea, milk.

Breakfast:

Apples.
 Dry cereal with cream.
 Eggs to order.
 Bacon.
 Toast, butter.
 Coffee, tea, milk.

Dinner:

Soup.
 Steaks.
 French-fried potatoes.
 Summer squash.
 Raisin pie.
 Bread, butter.
 Coffee, tea, milk.

Supper:

Soup.
 Beef stew with vegetables.
 Mashed potatoes.
 Spring salad.
 Peach shortcake.
 Bread, butter.
 Coffee, tea, milk.

Tentative menu, week of March 19-25, 1945, Castle Point, N. Y.—Continued

MARCH 21, 1945

Breakfast:

Tangerines.
Wheatena or dry cereal with cream.
Hot cakes, syrup.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Roast veal, gravy.
Dressing.
Browned potatoes.
Coleslaw with green pepper.
Grapefruit ice cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Hot beef sandwiches, gravy.
Mashed potatoes.
Diced rutabagas.
Pan rolls.
Fresh applesauce.
Bread, butter.
Coffee, tea, milk.

MARCH 22, 1945

Breakfast:

Stewed prunes.
Oatmeal or dry cereal with cream.
Eggs to order.
Jelly.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Lamb chops.
Baked potatoes.
Combination salad, french dressing
Baked custard.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Meat loaf, tomato sauce.
French-fried potatoes.
Buttered green peas (frozen).
Apple-cheese crisp.
Bread, butter.
Coffee, tea, milk.

MARCH 23, 1945

Breakfast:

Grapefruit.
Dry cereal with cream.
Eggs to order.
Jam.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Fried filet of flounder, tartar sauce.
Mashed potatoes.
Buttered beets.

MARCH 23, 1945—continued

Dinner—Continued

Orange sherbet.
Bread, butter.
Coffee, tea, milk.

Supper:

Oyster stew.
Codfish cakes.
Fresh green beans.
Head lettuce, Thousand Island dressing.
Rhubarb.
Sugar cookies.
Bread, butter.
Coffee, tea, milk.

MARCH 24, 1945

Breakfast:

Fruit compote.
Oatmeal or dry cereal with cream.
Eggs to order.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Boiled beef, mustard sauce.
Mashed potatoes.
Buttered carrots.
Green onions.
Pumpkin pie.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Chicken a la king.
Baked potatoes.
Buttered corn (frozen).
Chocolate pudding.
Bread, butter.
Coffee, tea, milk.

MARCH 25, 1945

Breakfast:

California oranges.
Wheatena or dry cereal with cream.
Eggs to order.
Raisin toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Baked ham.
Baked sweet potatoes.
Scalloped cabbage.
Radishes.
Caramel ice cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Lamb patties with bacon.
Mashed potatoes.
Peach-cottage cheese salad.
Fudge brownies.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of March 26–April 1, 1945, Castle Point, N. Y.

MARCH 26, 1945

Breakfast:

Fresh pears.
Oatmeal or dry cereal, with cream.
Eggs to order.
Apple butter.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Roast beef, gravy.
Browned potatoes
Diced turnips.
Relish.
Jelly roll.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Breaded pork chops.
Sweet potatoes.
Mixed vegetable salad, french
dressing.
Cream puffs.
Bread, butter.
Coffee, tea, milk.

MARCH 27, 1945

Breakfast:

Stewed peaches.
Dry cereal with cream.
Eggs to order.
Bacon.
Toast, butter,
Coffee, tea, milk.

Dinner:

Soup.
Swiss steak.
Mashed potatoes.
Creamed onions.
Pan rolls, jelly.
Royal Anne cherries.
Bread, butter.
Coffee, tea, milk.

Supper:

Vegetable soup.
Italian spaghetti with soft meat
balls.
Cole slaw with green pepper.
Pumpkin pie.
Bread, butter,
Coffee, tea, milk.

MARCH 28, 1945

Breakfast:

Apples.
Wheatena or dry cereal with cream.
Eggs to order.
Orange marmalade.
Toast, butter.
Coffee, tea, milk.

MARCH 28, 1945—continued

Dinner:

Soup.
Beef stew with vegetables.
Parsleyed potatoes.
Sliced lettuce, french dressing.
Cornmeal muffins.
Lemon velvet ice cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Barbecued spareribs.
French-fried potatoes.
Buttered carrots.
Apple pan dowdy.
Bread, butter.
Coffee, tea, milk.

MARCH 29, 1945

Breakfast:

Tangerines.
Oatmeal or dry cereal with cream.
Cinnamon french toast.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Roast pork, gravy.
Mashed potatoes,
Buttered fresh green beans.
Carrot sticks.
Plums.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Hamburgers, buns.
Scalloped corn.
Tomato-endive salad.
Coconut meringue pie.
Bread, butter,
Coffee, tea, milk.

MARCH 30, 1945

Breakfast:

Stewed apricots.
Dry cereal with cream.
Eggs to order.
Hot cross buns.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Fried haddock, tartar sauce.
French-fried potatoes.
Spinach-lemon (frozen).
Orange sherbet.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of March 26-April 1, 1945, Castle Point, N. Y.—Continued

MARCH 30, 1945—continued

Supper:

Clam chowder, crackers.
Grilled cheese sandwiches.
Buttered peas and carrots.
Shredded lettuce, Russian dressing.
Mincemeat cobbler.
Bread, butter.
Coffee, tea, milk.

MARCH 31, 1945

Breakfast:

California oranges.
Wheatena or dry cereal with cream.
Hot cakes, sirup.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Roast lamb, gravy.
Parsleyed potatoes.
Harvard beets.
Fruit Jello.
Bread, butter.
Coffee, tea, milk.

Supper:

Vegetable soup.
Cold cuts.
Baked beans.
Boston brown bread.
Cole slaw.
Peach betty.
Bread, butter.
Coffee, tea, milk.

APRIL 1, 1945

Breakfast:

Grapefruit.
Oatmeal or dry cereal with cream.
Eggs to order.
Easter eggs.
Coffee cake.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Baked ham.
Mashed potatoes.
Buttered green peas (frozen).
Radishes, celery, olives.
Butterscotch sundae.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Hot beef sandwiches.
Lyonnais potatoes.
String beans.
Spiced fresh applesauce.
Oatmeal cookies.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of April 2-8, 1945, Castle Point, N. Y.

APRIL 2, 1945

Breakfast:

Apples.
Cream of Wheat or dry cereal with cream.
Eggs to order.
Orange marmalade.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Boiled beef tongue.
Baked potatoes.
Boiled cabbage.
Celery hearts.
Cream puffs with chocolate sauce.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Chicken a la king.
Mashed potatoes.
Lettuce, Thousand Island dressing.
Royal Anne cherries.
Bread, butter.
Coffee, tea, milk.

APRIL 3, 1945

Breakfast:

Fruit compote.
Oatmeal or dry cereal with cream.
Eggs to order.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Steaks.
Parsley buttered potatoes.
Fried onions.
Sour pickles.
Baked custard with dates.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Meat pie with vegetables.
Potato puff with cheese.
Waldorf salad.
Blitz kuchen.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of April 2-8, 1945, Castle Point, N. Y.—Continued

APRIL 4, 1945

Breakfast:

Grapefruit.
Dry cereal with cream.
Eggs to order.
Raisin toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Beef pot roast, gravy.
Browned potatoes.
Buttered diced turnips.
Sweet relish.
Maraschino cherry ice cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Hamburgers, buns.
French-fried potatoes.
Sliced Bermuda onions.
Coleslaw.
Apricot upside-down cake.
Bread, butter.
Coffee, tea, milk.

APRIL 5, 1945

Breakfast:

Tangerines.
Wheatena or dry cereal, with cream.
Hot cakes, sirup.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Chicken pie.
Mashed potatoes.
Tomato-cucumber salad, french dressing.
Apple brown betty, lemon sauce.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Baked spareribs.
Sweet potatoes.
Buttered peas (frozen).
Sliced bananas and cream.
Chocolate cookies.
Bread, butter.
Coffee, tea, milk.

APRIL 6, 1945

Breakfast:

Oranges.
Oatmeal or dry cereal, with cream.
Eggs to order.
Grape jelly.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Fried fillet of flounder, tartar sauce.
Escalloped potatoes.
Buttered green beans.
Radishes.
Lemon velvet ice cream.

APRIL 6, 1945—continued

Dinner—Continued

Bread, butter.
Coffee, tea, milk.

Supper:

Oyster stew with crackers.
Sardines and sliced cheese.
Stuffed baked potatoes.
Grapefruit salad with carrot sticks.
Butterscotch meringue pie.
Bread, butter.
Coffee, tea, milk.

APRIL 7, 1945

Breakfast:

Apples.
Dry cereals with cream.
Eggs to order.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Meat loaf, spanish sauce.
French-fried potatoes.
Summer squash.
Cherry pie.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Swiss steak.
Baked potatoes.
Mixed vegetable salad, french dressing.
Rhubarb, cookies.
Bread, butter.
Coffee, tea, milk.

APRIL 8, 1945

Breakfast:

Grapefruit.
Wheatena or dry cereal, with cream.
Eggs to order.
Sugar buns.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Roast pork, gravy.
Mashed potatoes.
Applesauce.
Buttered new beets.
Green onions.
Frozen custard.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Grilled cheese sandwiches.
Buttered carrots and peas.
Peach and cottage cheese salad, mayonnaise.
Pound cake with candied fruit.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of April 9-15, 1945, Castle Point, N. Y.

APRIL 9, 1945

Breakfast:

Oranges.
Oatmeal or dry cereals, with cream.
Eggs to order.
Raspberry jam.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Roast beef, gravy.
Browned potatoes.
Shredded lettuce Thousand Island dressing.
Peach pie.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Cold roast pork, sliced tongue.
Boston baked beans.
Boston brown bread.
Cole slaw with carrots and green peppers.
Plums.
Bread, butter.
Coffee, tea, milk.

APRIL 10, 1945

Breakfast:

Grapefruit.
Dry cereal with cream.
Hot cakes, sirup.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Meat balls.
Spaghetti and tomato sauce.
Mixed vegetable salad.
Butterscotch sundae.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Chicken fricassee, gravy.
Mashed potatoes.
Buttered peas and carrots.
Baking powder biscuits.
Royal Anne cherries.
Bread, butter.
Coffee, tea, milk.

APRIL 11, 1945

Breakfast:

Stewed prunes.
Cream of Wheat or dry cereals with cream.
Eggs to order.
Grape jelly.
Toast, butter.
Coffee, tea, milk.

APRIL 11, 1945—continued

Dinner:

Soup.
Baked ham.
Baked sweetpotatoes.
Creamed cabbage.
Sliced bananas and cream.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Hot roast beef sandwiches.
Mashed potatoes.
Tomato-endive salad, mayonnaise.
Apple, cheese crisp.
Bread, butter.
Coffee, tea, milk.

APRIL 12, 1945

Breakfast:

Apples.
Oatmeal or dry cereals with cream.
Eggs to order.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Pork chops, cream gravy.
Applesauce.
Mashed potatoes.
Fresh green beans.
Bread pudding with raisins.
Bread, butter.
Coffee, tea, milk.

Supper:

Soup.
Meat pie with vegetables.
French-fried potatoes.
Sliced lettuce with french dressing.
Jelly roll.
Bread, butter.
Coffee, tea, milk.

APRIL 13, 1945

Breakfast:

Grapefruit.
Dry cereals with cream.
Eggs to order.
Cherry preserves.
Toast, butter.
Coffee, tea, milk.

Dinner:

Soup.
Fried fillet of haddock.
Celery and cheese relish.
Baked potatoes.
Harvard beets.
Peach sundae.
Bread, butter.
Coffee, tea, milk.

Tentative menu, week of April 9-15, 1945, Castle Point, N. Y.—Continued

APRIL 13, 1945—continued

Supper :

Clam chowder.
Salmon salad on potato chips.
Sliced tomatoes.
Apple pie, cheese.
Bread, butter.
Coffee, tea, milk.

APRIL 14, 1945

Breakfast :

Stewed peaches.
Oatmeal or dry cereals with cream.
Cinnamon french toast.
Bacon.
Toast, butter.
Coffee, tea, milk.

Dinner :

Soup.
Boiled beef, mustard sauce.
Boiled potatoes.
Mashed rutabagas.
Sour pickles.
Mincemeat pie.
Bread, butter.
Coffee, tea, milk.

Supper :

Soup.
Baked spareribs.
Sweet potatoes.
Carrot and raisin salad.
Sugared raised doughnuts.
Bread, butter.
Coffee, tea, milk.

APRIL 15, 1945

Breakfast :

Tangerines.
Wheatena or dry cereal with cream.
Eggs to order.
Raisin toast, butter.
Coffee, tea, milk.

Dinner :

Soup.
Roast lamb.
Mashed potatoes.
Buttered peas (frozen).
Radishes and olives.
Chocolate ice cream.
Bread, butter.
Coffee, tea, milk.

Supper :

Soup.
Meat loaf.
Baked potatoes.
Escalloped tomatoes.
Rhubarb.
Bread, butter.
Coffee, tea, milk.

Mr. CUNNINGHAM. For those who were able to go to the main dining room was the service cafeteria style? Did the boys go through with a tray and help themselves and then go and sit down at a table?

Mr. KEARNEY. Yes.

Mr. CUNNINGHAM. Were they permitted to go back a second time through the line?

Mr. KEARNEY. Some of them did. But it is the bed patients that I was speaking about.

Mr. CUNNINGHAM. They did not give them a second tray if they asked for it?

Mr. KEARNEY. I will not say that they did not, but there were complaints that they did not get enough to eat. That might have been a third or fourth.

Mr. McQUEEN. But it was also your impression that that was usually because there was a special diet?

Mr. KEARNEY. Yes.

Mr. McQUEEN. Prescribed particularly by the doctors?

Mr. KEARNEY. That is what the doctors told me.

Mr. McQUEEN. Was there any complaint about not serving a little milk or chocolate or something in between meals, or was there any statement that that was served?

Mr. KEARNEY. No; because at various times during the day there was milk, or orange juice in some cases, served.

Mr. McQUEEN. About halfway between meals?

Mr. KEARNEY. Yes; I would say so. And then patients who were able to move freely about the building went to the canteen and augmented their food with other delicacies, such as candy and Coca-Cola and pop.

The reason I started to smile right there was that I recalled a big lad, and I went over to his table and asked him how the food was. Before he had a chance to speak, the other three that were sitting there with him said, "Just watch him eat and he will show you how the food is." He was the first one I saw in the canteen afterward. That is not a criticism, you understand.

The CHAIRMAN. Let me interrupt the proceedings at this point. I have waited for a quorum and did not get it. The very ones who made this demand are not here. I find that 25 copies of these articles that were referred to the other day will cost \$173.95. The library has a right to make 6 to 8 copies, which costs them approximately \$60, but they will do it without extra cost to the committee. Some of the articles do not refer to these hospitals, and I was just wondering if the committee could get along with 6 or 8 copies. They have got along this far, and I was wondering if we could not save that money.

Mr. SCRIVNER. I would just as soon save it.

The CHAIRMAN. It is your show, not mine. You asked for this witness and these copies. If you insist now on spending this extra money, we will go ahead and do it.

Mr. KEARNEY. My personal observation on that is this: I cannot see any reason, for the life of me, why we should have all those copies. We can get just as much information by calling Mr. Deutsch back here.

The CHAIRMAN. I had ordered a telegram written the other day, but members of the committee said they wanted all these photostats before he came back.

Mr. SCRIVNER. I think half a dozen of them will be sufficient.

Mr. PETERSON of Florida. I move that the chairman be authorized to ask for the minimum number.

The CHAIRMAN. It will not require a motion. If there is no objection, I will do that.

Mr. KEARNEY. From Castle Point I went to Bronx 81——

The CHAIRMAN. Before you leave that: What is the size of the hospital and the number of beds and the number of vacancies?

Mr. KEARNEY. I have got it here. I want to insert in the record all of the data that I collected from the manager of the veterans' facility at Sunmount pertaining to the number of doctors, nurses, attendants, and shortages, and also their daily treatment of patients.

The CHAIRMAN. If you have any written statement you can put it into the record.

Mr. KEARNEY. My written statement is not yet completed. That is why I wanted to give my testimony verbally, to see whether there was any necessity of a written statement or not.

The CHAIRMAN. You can extend your remarks in the record.

Mr. KEARNEY. I have the number of patients in the Castle Point hospital.

If I might cover the refrigeration set-up of all these hospitals in one statement, I think it can be done, and that will save considerable time here.

In all of them, Sunmount, Castle Point, Bronx, Lyons, and the small facility at Saratoga, there was an ample supply of meats and vegetables on hand. The only criticism that one could have of the food situation would be not the food itself, but the qualifications of the various cooks in these institutions. I ate in all of the hospitals, with the exception of Castle Point, and on the particular day that I was present at these various facilities the food was ample and well cooked and, I would say, of the finest quality. That does not take into consideration, Mr. Chairman, the food that is being brought to the bed patients, because they had that break-down at Castle Point which I understood, when I was there, had been corrected. But the food that I am speaking about is the food that the men ate in the various mess halls of the institutions.

Mr. SCRIVNER. While you are on Castle Point, did you find the "dark, dank dining room" that was mentioned in the Cosmopolitan article?

Mr. KEARNEY. Well, it is dark. "Dank" covers a lot of ground, and I am not prepared to agree with Mr. Maisel on that. I think it was you yourself that brought out the point that the paintings in the various rooms and mess halls and kitchens were not bright in color. I found that to be true in most of the hospitals we visited.

Mr. SCRIVNER. At Wadsworth they have a very light, cheery dining room, and on each table they always have cut flowers or potted plants from their hothouse, which gives very cheerful surroundings. That is why I was asking about Castle Point.

Mr. MCQUEEN. Was this dining room underground?

Mr. KEARNEY. As I remember it, it was below the level of the first floor, but whether it was all underground or not I do not remember.

Mr. MCQUEEN. Was it well ventilated?

Mr. KEARNEY. It was as well ventilated as most dining rooms.

The CHAIRMAN. You say it was, or was not?

Mr. KEARNEY. It was.

Mr. MCQUEEN. Was it apparently built for a dining room or for something else? What was your impression about it?

Mr. KEARNEY. It was my personal impression that it was the original dining room, that when the plans were laid out, that is where the dining room should be.

The CHAIRMAN. Was it darker than it is in this room right now?

Mr. KEARNEY. I do not think it was any darker.

The CHAIRMAN. Frankly, I do not know how the rest of you feel, but I could eat in here, if I could get something to eat.

Mr. KEARNEY. I could eat any place if I could get something to eat.

The CHAIRMAN. I want to know whether or not it was so dark that it was an inconvenience to the servicemen?

Mr. KEARNEY. Oh, no.

Mr. MCQUEEN. Was it unhealthy from a "dank" standpoint—dark, dismal, and dreary?

Mr. KEARNEY. No; I do not think so.

Mr. MCQUEEN. I think that is what "dank" means.

Mr. KEARNEY. Probably this is beside the point, but "dank" to me means sort of a musty cellar or a room that has a peculiar odor about it. Whether that odor comes from being without ordinary proper ventilation or what it comes from, I don't know, but that is my idea of "dank."

Mr. SCRIVNER. But you did not find that condition existing?

Mr. KEARNEY. No.

The CHAIRMAN. When I hear the word "dank," I look around to see if I see frogs. I associate it with a damp place where frogs live.

Mr. KEARNEY. At Bronx 81, New York City, Colonel Cooke is in command now—

The CHAIRMAN. I want to call attention to the fact that this is another one of those extreme exaggerations used in that article to disturb the public mind, without any reason for it whatsoever.

Mr. KEARNEY. Colonel Cooke was in command at the Bronx 81. I have his full name here some place. He was formerly in command of the facility at Aspinwall, and I had known Cooke for many years, especially during the year that I was commander in chief of the Veterans of Foreign Wars and visited and inspected probably every facility in the country.

The CHAIRMAN. What year was that?

Mr. KEARNEY. 1936-37. Cooke took over the veterans' hospital in New York, at the Bronx, at a time when many, many complaints had been entered by various patients who from time to time had been patients at the Bronx facility. As I recollect, there were approximately 2,000 patients in the hospital, and there was a constant stream of incoming and outgoing patients. Some of them had been there for years; others for months, and would be discharged and then would return to the hospital for further treatment.

At this hospital they also have a corps of enlisted personnel from the Army who have been detailed, due to the shortage of attendants; and without exception, all of those enlisted men that I talked to were rather appreciative of the fact that the job had to be done, but they were sore, if I may use that word in his connection, that they were the ones to be detailed to the job. They would rather be doing the work that they enlisted for.

Colonel Cooke has made several changes in the hospital, and I know that one doctor whom they had some trouble with was relieved by the colonel shortly after he took command of this hospital.

Mr. SCRIVNER. While you were on that shift, from what you observed there and in other hospitals, do you think it would be advisable to establish a practice in the Veterans' Administration of rotating the staff.

Mr. KEARNEY. I have that in my recommendations.

Mr. SCRIVNER. I have the same thing. That is why I wondered about it.

Mr. KEARNEY. This hospital is such an enormous place that I asked for a guide to conduct me through. I was conducted through on one day by Colonel Cooke, and on the second day by the colonel's secretary, and then by that time I got to know my way around and went by myself.

This hospital has numerous types of patients. For instance, they have one particular ward that I call paralyzed cases. I do not know what the proper term is. Those are men who are paralyzed from their hips down; and I want to tell you that it just tears your heart apart to go into those wards and see these lads sitting in wheel chairs, in some instances, and in other instances occupied with iron bars across the top of the bed to give them an opportunity to exercise and strengthen their chest muscles, stomach muscles, and arm muscles, even though they cannot move from the waist down.

Lots of those lads were very cheerful, even knowing that they were confined to a wheel chair for life. Others were of a mental state of mind that they just did not care to talk with you; they did not want to be annoyed. For instance, I ran across one boy that I was particularly requested to see, from the city of Amsterdam, N. Y., and he was one of these lads that I speak about. Every question that I asked him concerning his food or his treatment or his recreational facilities, he would always give the same answer—"Well, I guess everything is all right," with a shrug of the shoulders.

Those cases are typical of men who are afflicted the way they are; and, to me, it is a crime to burden them with a lot of questions that we know in our own minds cannot be answered by either the individual or the doctor.

They have an eye, ear, and nose clinic, and several rooms for veterans who are afflicted with either cataracts in their eyes or an eye condition of some kind, or sinus trouble. I visited every one of those wards, and there, again, the same complaints would be received, either that they are wondering and wondering when they are going to get out of there, or whether there are going to be more moving pictures for them, or entertainment of some kind to keep them busy—although I will say that at that hospital, through the veterans' organizations, the theatrical profession puts on numerous entertainments there, night after night; but those entertainments only come to those patients who are able to get to the auditorium. The bed cases that are confined, like the ones I spoke about, just lie there and think.

Mr. SCHIVNER. Right on that point, would you think that the practice that I mentioned, at Wadsworth, of having a portable movie projector for the bed patients, is something that might well be adopted in all hospitals?

Mr. KEARNEY. I certainly do. In this particular hospital, I believe, due to the fact that it is a hospital that seems to be a receiving station for all of New York State, a great portion of the lounging space has been taken up and used for other things than what they were originally intended for.

The CHAIRMAN. You are speaking now of Castle Point?

Mr. KEARNEY. No; Bronx 81.

The CHAIRMAN. Would you say that Castle Point is crowded?

Mr. KEARNEY. Castle Point is not what I would call crowded, but Castle Point is the same as Sunmount in that they are utilizing too much space, in my opinion, for the bringing in of additional patients that they can take care of, and that, it seems to me, might be a grievance on the part of patients who are already quartered in rooms that are only supposed to take care of two patients, where they have three.

I went down and visited a PX in the Bronx hospital and found a very, very small room, but a long line of patients who had to stand there until they Gray Ladies or the attendants or the canteen manager would let them in, due to the fact that the room was so small that they could only accommodate a certain number of patients at a time.

The thing that impressed me about the PX in this particular institution was the fact the concessionaire paid the Government or the hospital, whoever he paid it to, \$365 a month for the concession; and in that connection I wish something could be arranged whereby the Veterans' Administration could run their own canteens. I think it

would work out to the better advantage of the patients and the hospitals, and there would be a better feeling all around.

Mr. CUNNINGHAM. To whom is this \$365 a month paid? Who gets the money?

Mr. KEARNEY. I think the Veterans' Administration gets it. Maybe someone else can answer that.

A VOICE. It is charged to "Miscellaneous receipts."

Mr. KEARNEY. I ate in this hospital, and again I will say that the food was excellent. I brought with me copies of the menus from April 1 to April 14, which I will place in the record.

(The menus referred to are as follows:)

Tentative menu for regular-diet patients and personnel, week of April 1-7, 1945

SUNDAY, APRIL 1, 1945

Breakfast:

Tomato juice.
Wheat cream meal, milk, sugar.
Bacon and eggs.
Toast, butter.
Coffee.

Luncheon:

Baked spiced ham, gravy.
Candied sweetpotatoes.
Fresh spinach.
Tossed fresh vegetables, salad of watercress, sliced radishes, and shallots with french dressing.
Bread and butter.
Vanilla ice cream sundae with cookies.
Coffee.

Dinner:

Cold sliced meats with mustard.
Potato salad with hard cooked eggs.
Rye bread, butter.
Sweet mixed pickles.
Iced Easter cake.
Coffee.

APRIL 2, 1945

Breakfast:

Fresh apples.
Cornflakes, milk, sugar.
French toast with sirup or eggs with toast, butter.
Coffee.

Luncheon:

Split pea soup, croutons.
Au gratin broccoli on toast.
Buttered new beets.
Celery, pickles.
Bread, butter.
Rice and raisin pudding.
Coffee.

Dinner:

Boiled beef with gravy.
Boiled potatoes.
Fresh string beans, southern style.
India relish.
Bread, butter.
Fresh rhubarb cobbler.
Coffee.

APRIL 3, 1945

Breakfast:

Stewed prunes.
Oatmeal, milk, sugar.
Eggs with toast, butter or french toast with sirup.
Coffee.

Luncheon:

Italian spaghetti with meat sauce.
Head lettuce salad with Thousand Island dressing.
Hard water roll, butter.
Pineapple sundae.
Coffee.

Dinner:

Roast pork, gravy.
Mashed potatoes.
Boiled cabbage.
Bread and butter pickles.
Bread, butter.
Applesauce, hot gingerbread.
Coffee.

APRIL 4, 1945

Breakfast:

Applesauce.
Whole-wheat meal, milk, sugar.
Scrambled eggs with chopped ham.
Toast, butter.
Coffee.

Luncheon:

Country sausage.
Corn griddle cake with maple sirup.
Bread, butter.
Fruit cup, cookies.
Coffee.

Dinner:

Hot meat loaf, gravy.
Mashed potatoes.
Glazed new carrots.
India relish.
Bread, butter.
Chocolate meringue pie.
Coffee.

APRIL 5, 1945

Breakfast:

Stewed dried peaches.
All bran, milk, sugar.
Bacon.
Toast, butter.
Coffee.

Tentative menu for regular-diet patients and personnel, week of April 1-7, 1945—Continued

APRIL 5, 1945—continued

Luncheon:

Mexican welsh rarebit on steamed rice.
Jellied shredded carrot salad with cream dressing.
All-bran rolls, butter.
Coffee ice cream.
Coffee.

Dinner:

Grilled steaks, gravy.
Mashed potatoes.
Baked squash.
Bread, butter, pickles.
Bread and butter.
Apple Brown Betty with cinnamon sauce.
Coffee.

APRIL 6, 1945

Breakfast:

Grapefruit.
Wheat cream meal, milk, sugar.
Griddle cakes with sirup or Eggs with toast, butter.
Coffee.

Luncheon:

Cold salmon, lemon sliced.
French-fried potatoes.
Tomato aspic salad with tart dressing.
Cornmeal bread, butter.
Whipped jello.
Coffee.

Submitted by:

Approved by:

APRIL 6, 1945—continued

Dinner:

Fried jumbo smelt with tartar sauce.
Buttered parsley, potatoes.
Cole slaw.
Bread, butter.
Pumpkin pie.
Coffee.

APRIL 7, 1945

Breakfast:

Dried fruit compote.
Honey-flavored puffed wheat, milk, sugar.
Eggs with toast, butter or Griddle cakes with sirup.
Coffee.

Luncheon:

Boston baked beans with pork.
Apple and celery salad with mayonnaise.
Bread, butter.
Graham cracker pudding.
Coffee.

Dinner:

Meat pie with vegetables.
Peach and cottage cheese.
Salad with mustard dressing.
Bread, butter.
Danish pastry.
Coffee.

FLORENCE M. O'BRIEN,
Chief Dietitian.

Manager.

Tentative menu, for regular diet patients and personnel, for week April 8-14, 1945, Bronx 81

APRIL 8, 1945

Breakfast:

Stewed red cherries.
Oatmeal, milk, sugar.
Toast, butter, jelly.
Coffee.

Luncheon:

Roast beef, gravy.
Mashed potatoes.
Buttered corn.
Celery.
Bread, butter.
Chocolate ice cream.
Coffee.

Dinner:

Spanish rice with ground round steak.
Beet and cabbage relish.
Bread, butter.
Spice cake with caramel icing.
Coffee.

APRIL 9, 1945

Breakfast:

Fresh apples.
Cherrioats, milk, sugar.
French toast with sirup or eggs with toast, butter.
Coffee.

Luncheon:

Roast beef hash, catsup.
Buttered string beans.
Plum, prune, and cottage cheese salad.
Bread and butter.
Vanilla blanc mange.
Coffee.

Dinner:

Creamed dried beef.
Baked potatoes.
Buttered lima beans.
Piccalilli.

Tentative menu, for regular diet patients and personnel, for week April 8-14, 1945, Bronx 81—Continued

APRIL 9, 1945—continued

Dinner—Continued

Bread, butter.
Rice and date pudding.
Coffee.

APRIL 10, 1945

Breakfast:

Oranges.
Wheat cream meal, milk, sugar.
Eggs with toast, butter, or french toast with sirup.
Coffee.

Luncheon:

New England corn chowder, crackers.
Sliced cheese.
Fresh-fruit salad with cream dressing.
Hot rolls, butter.
Vanilla ice cream with caramel sauce.
Coffee.

Dinner:

Grilled steak, pan gravy.
Mashed potatoes.
Creamed carrots.
Bread, butter.
Fresh rhubarb pie.
Coffee.

APRIL 11, 1945

Breakfast:

Figs.
Shredded Wheat biscuits, milk, sugar.
Scrambled eggs with chopped bacon.
Toast, butter.
Coffee.

Luncheon:

Cold sliced meats.
Potato salad.
Pickled beets.
Rye bread, butter.
Prune whip, custard sauce.
Coffee.

Dinner:

Fried ham, country gravy.
Mashed potatoes.
Spinach.
Bread, butter.
Cottage pudding with red cherry sauce.
Coffee.

APRIL 12, 1945

Breakfast:

Baked apples,
Whole-wheat meal, milk, sugar.
Griddle cakes with sirup or
Eggs with toast, butter.
Coffee.

APRIL 12, 1945—continued

Luncheon:

Bacon.
Creamed asparagus on toast.
Peach and cheese salad with cream dressing.
Bread, butter,
Tutti fruiti ice cream.
Coffee.

Dinner:

Veal and pepper, Italian style.
Buttered macaroni.
Coleslaw
Vienna bread, butter.
Blackberry cobbler.
Coffee.

APRIL 13, 1945

Breakfast:

Stewed prunes.
Oatmeal, milk, sugar.
Eggs with toast, butter or
Griddle cakes with sirup.
Coffee.

Luncheon:

Cheese souffle.
Baked succotash.
Head lettuce salad with Thousand Island dressing.
Bread, butter.
Caramel whole-wheat pudding.
Coffee.

Dinner:

Fried fillet of flounder.
Creamed potatoes.
Buttered peas.
Bread, butter.
Peaches and sugared doughnuts.
Coffee.

APRIL 14, 1945

Breakfast:

Applesauce.
Wheat cream meal, milk, sugar.
Bacon.
Toast, butter.
Coffee.

Luncheon:

Chili with crackers.
Celery.
Fruit salad with cream dressing.
Bread, butter.
Iced cinnamon rolls.
Coffee.

Dinner:

Boiled beef, gravy.
Boiled potatoes.
Buttered string beans.
Bread, butter.
Jelly roll.
Coffee.

Submitted by:

Approved by:

FLORENCE M. O'BRIEN, *Chief Dietitian.*

HOMER ROGERS, *Acting Manager.*

The CHAIRMAN. I see several things being written and sent out from here, which of course we have to pay some attention to. I see that in PM it says that today [reading]:

the veterans' committee is prepared to call several whitewash witnesses, Congressmen who are expected to say that everything is of the best in this best of all Veterans' Administration.

As a matter of fact, the witnesses who are called today were scheduled several days ago.

I just wanted to call your attention to that, because there are some other things that are being sent out from here, reflecting on members of the committee who have gone and investigated these hospitals and are doing their best, it seems to me, to give a correct picture of what they found.

Mr. KEARNEY. As far as I, as an individual, am concerned—and I think every member of the committee feels the same way—I am just calling the shots as I see them. If there is something wrong, we want to correct it. If there are occasions when you can give praise to a manager or to the doctors and attendants for doing a good job, I think they should be praised instead of censured. The only thing we are trying to do here is to get at the true picture of the conditions that existed, and to correct them and bring them up to date. I think that particular article is—well, it is just a newspaper article that I don't think should be given very much credence.

Mr. SCRIVNER. I think for the sake of the record it should be said that there is no attempt on my part to whitewash anybody. As I stated in my report, there were some items not mentioned in the report, but those things have been taken care of. When we get through we want to pass legislation that will correct these evils as we find them.

The CHAIRMAN. What I object to is smearing these witnesses who have gone out and made investigations and who, as General Kearney has said, are trying to call the shots as they see them.

Mr. KEARNEY. As far as I am personally concerned, I am not paying much attention to that article, because ever since I returned from the last World War I have been active in the cause of the veterans and still continue that way, but at the same time I do not intend to go out and make any reports that in my opinion are unjustified. If there are conditions that I see that should be corrected, I am going to report on them. If there are conditions where the doctors should be complimented, that should also go into the record.

Mr. CUNNINGHAM. You are not making a report to satisfy PM?

Mr. KEARNEY. I am not making a report to satisfy anything but my own conscience.

I want to say for the record that Colonel Cooke has been there only a few months, but I know that he is attempting to bring about certain reforms in this hospital, and I want you to get the picture.

This hospital, in the first place, is in a congested area of the city of New York. It is up in the Bronx. They have thousands and thousands of visitors.

One peculiar thing that I called the colonel's attention to was the fact that on a pass which is given to a veteran he is notified in writing on the back of the pass that there is to be no liquor, no food, no candy or fruit brought into the hospital. I asked him why, when the

PX was there and they could buy some of that stuff. He said that there were certain patients on a particular diet, and fruit and candy were off that diet. He said that was the reason why. They won't let them down there in the PX and they don't want people to bring them in from the outside. Another reason is that bringing in foodstuffs, the way a lot of the visitors have done in the past, causes the hospital to be overrun with mice and cockroaches, so that it is a condition that they have to contend with daily in order to get the hospital into the shape where they can impress upon the minds of the patients that it is only being done for their own good.

So far as liquor is concerned, he said that it was almost an impossibility to keep a bottle from appearing on the scene once in a while. There have been occasions when guards would bring in a bottle or two.

I think, on the whole, the most complaints that I received from the men up there were with regard to the so-called red tape in adjusting their claims and getting their compensation settled. They would have it settled for one amount, and in a few weeks they would receive notice to appear for reexamination and they would claim their compensation would be cut down.

So far as the treatment for the individual patient is concerned in the Bronx Hospital—and this is the testimony of the men there—they seemed to be in the main fairly well satisfied with it. There are complaints and there are bound to be complaints in every other hospital that I have ever known of. They are short nurses; they are short some doctors.

The CHAIRMAN. Is the Bronx Hospital crowded?

Mr. KEARNEY. I would say that it was pretty well up to its capacity; yes.

The CHAIRMAN. Did you hear any complaint at either one of those hospitals, either Castle Point or the Bronx, of mistreatment of patients?

Mr. KEARNEY. No, sir.

The CHAIRMAN. Did you talk to the patients when the attendants were not with you, or when the doctor or the manager was not with you?

Mr. KEARNEY. Oh, yes; a lot of them.

The CHAIRMAN. And you heard no such complaints?

Mr. KEARNEY. No. The only complaints—you mean, of brutality?

The CHAIRMAN. Yes.

Mr. KEARNEY. Absolutely none. I heard complaints from individuals who wondered why they were there—they didn't seem to be getting along as well as they expected they would get along. But so far as any individual cases of brutality are concerned, I did not hear of one.

In connection, on the visit to the Bronx Hospital, Congressman Auchincloss of New Jersey was also with me.

They have a detachment of, I think, 115 Army personnel, and that takes up, in a measure, the shortage of attendants, but it still does not go toward satisfactory permanency of the help the way Colonel Cooke would like to have it, because these men are only there because they are ordered there.

Mr. CUNNINGHAM. They are still in the armed service?

Mr. KEARNEY. Yes.

Mr. CUNNINGHAM. And, as I understood early in your testimony, they resent that assignment, because they enlisted to fight?

Mr. KEARNEY. Yes.

Mr. CUNNINGHAM. Did you find that that feeling of the Army personnel confined to hospitals in any way interfered with their service to the patients?

Mr. KEARNEY. I do not think that it does, other than the fact that while they are doing the job they are told to do, from what I can understand, they are still dissatisfied because they are there; they are not interested in the work at all.

Mr. CUNNINGHAM. Do you think it would be better, instead of having men who are still in the service and who expected combat duty, to confine the help to boys who have had their service and have been discharged and are looking for work?

Mr. KEARNEY. Yes; if they had a rate of pay that would be commensurate with their jobs. That is what they all kick about. They can go out to war plants and make probably 10 times the money they are making in veterans' hospitals, and they are not interested in the job.

Mr. CUNNINGHAM. How can that difficulty be solved other than by increasing the rate of pay?

Mr. KEARNEY. I think it can be solved partially by an increase in the pay all the way along the line—and I am going to talk about that when I have completed my report on these hospitals—but I do not believe it can be completely solved until the war is over. In other words, so long as the war continues it is natural for men to seek employment that is going to pay them the most money. That is human nature.

Mr. CUNNINGHAM. You feel that until the war is over the men in the service who have been transferred to other outfits can and will give satisfactory service?

Mr. KEARNEY. Yes.

The CHAIRMAN. We will take a recess at this time until 1:45.

(Whereupon, at 12:25 p. m., a recess was taken until 1:45 p. m. of the same day.)

AFTER RECESS

(The committee met at 1:45 p. m., Hon. John E. Rankin (chairman) presiding.)

The CHAIRMAN. The committee will come to order. You may proceed, Mr. Kearney.

Mr. KEARNEY. There is a small facility at Saratoga Springs, N. Y., and I understand yesterday the official word came out that they are building a 250-bed facility there.

For several months they have had a portion of the reservation set aside for the Veterans' Administration to test out the curative features of the waters, particularly, and they have taken over one of the baths there, the Roosevelt Bath, and they have capacity of either 47 or 48, in charge of a Major Walsh. And I also visited there and found a lot of men, mostly World War I, the great portion of them, and, as I say, this was more or less of an experiment, but they are so convinced of the good the treatments can do up there that they are going to build that hospital, which is good for the central area of New York State,

due to the fact that Batavia to the west and the Bronx Facility to the east—Saratoga is the only general medical hospital between those two general medical hospitals.

I am a little bit disappointed to know that it is only a 250-bed hospital. Personally I think it should be larger.

But Walsh is doing a splendid job up there, the 47 boys that are under his control are all full of praises, but again the same conditions apply there as do at other hospitals.

When I was there he only had two doctors and three nurses, and one of the nurses was to be retired for age within a few weeks.

Mr. CUNNINGHAM. What is that retirement age, 65, 64?

The CHAIRMAN. What place is this now?

Mr. KEARNEY. Saratoga Springs, N. Y.

The CHAIRMAN. Saratoga Springs. Only a 250-bed hospital. General medical and surgical.

Mr. KEARNEY. That is right.

I do not know what the retirement age is. I thought it was 70. I may be wrong there. I think it is a condition of 30 years' service, is it not?

Mr. McQUEEN. Or 70.

Mr. KEARNEY. Or 70.

On the way down I stopped at Lyons Hospital, and I am going to be frank and say that I spent only a couple of hours there, because I had to get down here, the House was convening the next morning, and I had quite a talk with Mr. Rogers, who was manager of the facility, but I understand has been relieved now and sent some other place.

And that is the place where the second article—I think, written by Mr. Maisel—had its foundation.

The CHAIRMAN. That is in New Jersey.

Mr. KEARNEY. I was very interested in talking to Mr. Rogers and the doctors there as to the medical set-up, the shortage of nurses and attendants, if any, and what they could do to recommend any recommendations to change the situation.

There is—according to the authorized strength—there were only two vacancies in the doctor personnel. That was a number of 11.

There was a vacancy of 1 chief nurse, 1 assistant chief nurse, and 7 nurses, out of an authorized strength of 51.

This hospital accommodates a little over 2,000, I believe, and there are two new wings being built that will accommodate some 500 or 600 more, but they have been delayed in the construction of those two buildings, due to the fact that on one occasion they had a strike that lasted several weeks there that held up construction of the wings.

Mr. CUNNINGHAM. General, I hate to interrupt you, but do you mean to say there are only 7 nurses to 2,000 patients?

Mr. KEARNEY. The number of authorized positions is a chief nurse, 1 assistant chief nurse, 51 nurses. Number of vacancies 7.

The CHAIRMAN. Just seven vacancies.

Mr. CUNNINGHAM. They have 44 nurses on duty?

Mr. KEARNEY. That is right.

Mr. CUNNINGHAM. And they should have 51.

Mr. KEARNEY. That is right.

Now, there are also vacancies in the amount of 117 for the hospital attendants. The authorized strength is 201.

They have on duty there 128 conscientious objectors who are now assigned to duty to perform the duties of hospital attendants for the wards.

Personally I am going to say it is my own belief that this is a very unsatisfactory arrangement.

Without going into any discussion as to the merits of a CO's thought, which certainly disagrees with mine, the type of work in this NP hospital is such that I do not believe these conscientious objectors can properly perform their duties.

Mr. CUNNINGHAM. What is the attitude of the patients toward them with regard to the fact that they are not in military service?

Mr. KEARNEY. I have been advised that the attitude of the patients toward the attendants is one of complete silence.

In other words, outside of one or two occasions when there was criticism by one of the patients with the thought of these men being conscientious objectors, it is never brought to their attention.

But the type of work involved, and especially the handling of some of these disturbed patients, is such that these conscientious objectors, whom I am advised in the main are college graduates, is such that they do not take to the work, they do not like it, they are simply there because they are ordered there, the same as the medical personnel of the services.

I talked to the leader of the CO group and for a time I was fearful that we were going to get on a discussion of social welfare.

I asked this lad if he had any incidents that he wanted to bring to my attention concerning alleged brutality, and he cited only the alleged brutality that was, I think, printed in the May issue of the *Cosmopolitan*.

He said as far as the CO's were concerned, that they were well treated by the personnel of the hospitals and by the patients in general.

Mr. CARNAHAN. You say these conscientious objectors were mostly college graduates?

Mr. KEARNEY. So I was informed.

Mr. CARNAHAN. What particular type of colleges are they graduates from? Was there any indication?

Mr. KEARNEY. Well, the lad I talked to—two I talked to—one was the University of Pennsylvania and the other, I believe, was the University of Minnesota. He lived in Minneapolis.

There were several incidents concerning the work of the CO's as attendants—well, I would rather not bring that up here because there are ladies present, but it simply shows the attitude of the attendants toward these particular cases that they were asked to assist on, and, frankly speaking, they felt the same as I would feel.

It was not any case of brutality, it was—let us put it that they were too messy cases.

Mr. CARNAHAN. I wonder if there are any medical graduates among the CO's?

Mr. KEARNEY. What?

Mr. CARNAHAN. I wonder if there are any medical graduates among these CO's?

Mr. KEARNEY. I did not hear of any.

I was told by the manager and the doctors present the treatment, the medical treatment, accorded these men, but, as I made the statement when I first took the stand here, that means nothing to me as I am not a doctor, and I was more interested in the few short hours I had there concerning any treatment of alleged brutality as reported in the magazine, and, outside of that story, I found none.

Mr. CUNNINGHAM. What effect, if any, did you find the magazine article had on the morale of these patients?

Mr. KEARNEY. Of this hospital?

Mr. CUNNINGHAM. Of any hospital.

Mr. KEARNEY. To tell the truth, Mr. Cunningham, I do not know as I found it had any effect at all; in fact, I did not find that this article ever reached the patients.

Mr. CUNNINGHAM. In Lincoln, Nebr., in the coffee shop in the hotel I talked to an Army Corps lieutenant who stated they are just awful, they do not want a soldier to go into them. I said, "On what do you base that statement?"

He had read that article. He did not know anything more about it.

Mr. KEARNEY. I found out in talking to individuals outside of the hospitals that without exception everyone believed the articles as written.

I do not know of any question or anything else I can tell in regard to the Lyons Hospital. As I said, I went there simply to get the report of their set-up, which I am going to insert in the record at this point.

The CHAIRMAN. It may be inserted in the record.

(The document referred to follows:)

VETERANS' ADMINISTRATION,
Lyons, N. J., April 11, 1945.

	Number of authorized positions	Grade	Number of vacancies
(a) Physician...	1 chief, acute service.....	P&S-5.....	0
	1 chief, infirmary service.....	P&S-5.....	0
	1 chief, reception and general medical service.....	P&S-5.....	0
	1 chief, physical medical service.....	P&S-5.....	0
	1 senior medical officer.....	P&S-5.....	0
	13 medical officers.....	P&S-4.....	2
	3 associate medical officers.....	P&S-3.....	1
	1 chief nurse.....	SP-7.....	1
	1 assistant chief nurse.....	SP-6.....	1
	51 nurses.....	SP-5.....	7
(b) Nurse.....	1 vacancy to be filled on Apr. 12, 1945.....		
	1 vacancy to be filled on approximately Apr. 12, 1945.....		
	11 senior cadet nurses are assigned to duty.....		
(c) Laboratorian....	1 laboratorian in bacteriology.....	SP-6.....	0
	1 laboratorian in roentgenology.....	SP-6.....	0
	1 assistant laboratorian in bacteriology.....	SP-5.....	0
	1 assistant laboratorian in roentgenology.....	SP-5.....	0
(d) Physiotherapy	1 chief physiotherapy aide.....	SP-6.....	0
	3 aides, physiotherapy.....	SP-5.....	2
(e) Occupational therapy aide.	1 chief, occupational therapy aide.....	SP-7.....	0
	4 aides, occupational therapy.....	SP-5.....	1
	5 junior, occupational therapy aides.....	SP-4.....	0
(f) Hospital attendant.	1 supervisor of attendants.....	SP-6.....	0
	2 head attendants.....	SP-5.....	0
	17 head attendants.....	SP-4.....	0
	54 hospital attendants.....	SP-3.....	0
	6 attendants, occupational therapy.....	SP-3.....	0
	2 attendants, physiotherapy.....	SP-3.....	1
	201 hospital attendants.....	SP-2.....	117
	128 conscientious objectors are now assigned to duty to perform duties of hospital attendant on wards.....		

	Number of authorized positions	Grade	Number of vacancies
Dietetic department:			
1. Dietitian.....	1 chief dietitian.....	SP-8.....	0
	1 assistant chief dietitian.....	SP-7.....	0
	1 head dietitian.....	SP-6.....	0
	2 dietitians.....	SP-5.....	1
2. Cook.....	1 chief cook.....	CPC-8.....	0
	3 head cooks.....	CPC-6.....	0
	4 cooks (A).....	CPC-5.....	0
	6 cooks (B).....	CPC-4.....	0
3. Mess attendant.....	57 mess attendants.....	CPC-3.....	22
	16 conscientious objectors are now assigned to duty to perform duties of mess attendants.		
4. Meat cutter.....	1 meat cutter.....	CPC-5.....	1
5. Bakery.....	1 senior baker.....	CPC-6.....	0
	1 baker.....	CPC-5.....	1
6. Waiter.....	2 head waiters.....		0
(a).....	1 manager.....	CAF-14 H o m e r Rogers.	
(b).....	1 chief medical officer.....	P&S-6, Lt. Col. L. V. J. Lopez.	
(c).....	1 clinical director.....	P&S-6, Maj. Lee G. Sewall.	
(d).....	1 utility officer.....	P&S-5, Edgar F. Shaner.	
(e).....	1 finance officer.....	CAF-11, John P. Lynott.	

Mr. KEARNEY. I would like to go back, if I may, to the Bronx Hospital and also give some of the figures there which will also be inserted in the record.

Now, at the present time there are 89 medical officers; there were 3 vacancies, and an authorized strength of 92; and of the filled positions, 69 were commissioned officers; and I found the same trouble with reference to commissioned officers there as in other facilities, that it might have been better, according to the general impression, if they were not commissioned; and that goes to the nurses who were there. A lot of the nurses felt that if the doctors were commissioned they should have been commissioned. As a matter of fact, I talked to two or three nurses who were leaving that day to enter Army service. They wanted credit for war services.

The CHAIRMAN. That means these doctors were shifted from the War Department?

Mr. KEARNEY. Well, they were in some cases to fill out the lack of doctors in hospitals and, while we are on that point, I want to say that the general impression I got from these doctors who were assigned to these various veterans' facilities is that they were doctors who—let us say that the Army did not want—and they were doctors who entered the service of the veterans' facility simply because they were ordered to go there, and in lots of incidences they had no—the word I want to use there—no liking for their job; they felt if the Army did not want them they should be returned to civilian life.

The CHAIRMAN. Did the same conditions prevail in the veterans' hospitals, did the managers want them?

Mr. KEARNEY. The managers did not want most of them, according to their talk.

The CHAIRMAN. How is that?

Mr. KEARNEY. The managers did not want most of them, according to their talk.

Mr. CUNNINGHAM. You mean the managers of the hospitals?

Mr. KEARNEY. The managers of the hospitals.

The CHAIRMAN. That is the condition that I found where I went.

Mr. CUNNINGHAM. Do you think, General, that with the war on it would have been possible to get better doctors?

The CHAIRMAN. How is that?

Mr. CUNNINGHAM. I asked him if he thought it would have been possible for the Veterans' Administration to get better doctors with the war on.

Mr. KEARNEY. No. I think the conditions in the veterans' hospitals exist as in the civilian hospitals; there is a shortage of doctors all over, but at the same time I know that in case of a transfer of anyone from the Army that naturally we want to get rid of those that we do not want. In other words, it is up to that commanding officer to keep the best men for himself.

Mr. CUNNINGHAM. Did you find that many of these doctors had never seen any Army service?

Mr. KEARNEY. Yes; and I found some that had been over in Africa and had been in the landings on the Anzio beachhead, and some of them served in France, but the great majority of them had no service at all.

The CHAIRMAN. Did you find any that had no medical service?

Mr. KEARNEY. I cannot answer that question.

The CHAIRMAN. Now, General, some of these doctors were trouble makers, were they not?

Mr. KEARNEY. Well, I found in several instances that there are doctors in the services, unfortunately so. I think you will find them every place, who are more interested in drawing their pay check than they are in doing a good job for those veterans, and that is one of the things I criticize severely, and while we are on that subject, I am of the opinion, and this has been an opinion of many years standing, that if the local managers had more say in the hiring and firing of these doctors, perhaps we would have some better facilities.

The CHAIRMAN. Of course you have read the bill that I have introduced: it has had the green light at the other end of the Avenue, so far as the doctor proposition is concerned.

If that bill were enacted into law to permit the Veterans' Administration to go outside the civil service and outside the Army and get its doctors and pay reasonable salaries, reasonable compensation, do you not think that this condition that has given us so much trouble in these veterans hospitals could be cleared up?

Mr. KEARNEY. I certainly do. I do not believe in a civil-service list for doctors in these hospitals.

In the first place I think that the pay scale should be such as to attract, for instance, young doctors, to enter the service, and make it their life's work, with a decent retirement pay after they have finished their life's work in these hospitals.

Under the present scale of wages now with no incentive or get up about them, certainly he is not going into a veterans hospital and eke out an existence according to that pay scale, he is going on the outside where he will have an opportunity to develop himself, not only financially, but mentally.

Mr. SCRIVNER. Mr. Chairman, one of the recommendations I will have to submit to the committee will be that professional personnel be taken out from under civil service.

The CHAIRMAN. As a matter of fact, some of these doctors you find have been detoured into the hospitals; if they are not aliens or refugees they are newcomers and covered in under these new laws we have passed since the war began.

Did you find some of that condition?

Mr. KEARNEY. Yes; I found some of it, yes; and I think there should be a revamping of the whole set-up.

And understand, while I am making these suggestions, I do not do it in any spirit of vindictiveness, I do it in a constructive spirit to develop something for the men who are giving their lives for us.

I agree with Mr. Maisel; I think first-rate fighting men should have first-rate attendants and doctors. I think we agree on that.

Mr. CUNNINGHAM. General, did you find that the managers of these hospitals want to get rid of a doctor, for instance, who is not good to a patient, but the burden is on the man, not only to file the charges, but to sustain and prove them?

It takes weeks, and sometimes months, to do so, and with the result that these men who are busy just will not do it. They tolerate an attitude on the part of some doctors that they would not otherwise tolerate.

Mr. KEARNEY. That is right.

Mr. CUNNINGHAM. And any change that is made in the civil-service rules should be to that extent only, and not affect their rights and benefits for retirement, but only give the manager of a hospital the right to dismiss them without going through a regular court procedure that takes his time away from everything else, and that frankly he cannot sustain because other doctors are afraid to testify against their colleagues?

Mr. KEARNEY. That is right.

Mr. CUNNINGHAM. Did you find from the statements of managers that there were any incompetent doctors, or, rather, is it the fact of their attitude towards patients?

Mr. KEARNEY. I found out from some of the managers that there were both, not only incompetent—not many according to their statements—but then there was on the other hand that particular doctor who seemed to look forward to the end of the month to draw his pay check.

Now, for instance, I noticed in one of the hospitals that I just cannot recall, a doctor going through the wards, and I will say this, that so far as he was personally concerned, he did not seem qualified a bit to me, because his attitude toward patients was one of cynical observation, as much as to say, in many instances, well, you fell all right. How long are you going to stay here?

Now, I saw other doctors who would walk through and, without hardly a word, you could see the expression on the patients' faces after they had left the room. They seemed to bring them up.

In other words, while he was talking with a lad he would be taking his pulse or running his hand over his brow or be patting him on the back, or something that was a morale builder.

But the other doctor—well, he started in the first room, and to me his anxiety was to get through as fast as he could.

Mr. CUNNINGHAM. Well, did you find that lack of ability in knowing how to handle patients existed more with doctors who had no practical experience outside?

Mr. KEARNEY. I cannot answer that only in these cases. One of these cases I spoke about the doctor had been an employee of the Veterans' Administration for a long while.

Mr. CUNNINGHAM. Ever since he had been out of medical school?

Mr. KEARNEY. I should say so.

Mr. SCRIVNER. General, while we are on that matter Mr. Carnahan and Mr. Cunningham have been discussing, I found in my trip that where some instance has arisen in a hospital where normally if the manager had the power to employ, whether it was a doctor or nurse or what not, they would have been immediately dismissed.

Rather than dismissal the remedy now is a transfer, so the man just carries on in another hospital with the same objectionable traits, so all you are doing is just shifting your trouble spots and not remedying it at all.

The CHAIRMAN. Of course the Army has shoved on to the Veterans' Administration a lot of doctors they did not want, and some of them ought to have been in the rank and file of the Army.

Another thing, some of them have been making a racket out of the civil service, collecting and using past lists of questions to prepare for examinations and in that way have shoved through the civil service a lot of incompetent doctors.

Mr. SCRIVNER. I have not run into that, Mr. Chairman. It probably exists but I have not run into that particular phase of it.

The CHAIRMAN. If we are going to do anything, my opinion is we are going to have to pass some such legislation as that I introduced and give the administrator, or the manager, the right to go out and get his doctors, and pay them what they are worth.

If we do not, we are going to have this trouble from now on.

Mr. SCRIVNER. I think all the members here will agree with that principle.

The CHAIRMAN. I think so.

The testimony that has been developed by the witnesses just exactly coincides with the experience I have had.

I went to Wadsworth last year, went to Little Rock, and went to Memphis. I have been to the one at Roanoke.

Every year I go to some of these hospitals if I have a chance; I can tell you this condition prevails throughout the Veterans' Administration, and some of these men are the worst troublemakers. They are men who have been shoved on to the Veterans' Administration.

Mr. KEARNEY. Well, Mr. Chairman, I found not only in my short experience as a Member of Congress but also when working along with various veterans' organizations since World War I, that the great bulk of criticism comes to me at least through the administration set-up, more so than the hospital set-up.

In other words, here are two folders that are complete with troubles of veterans from the Bronx; Sunmount; Jefferson Barracks, Mo., and other veterans hospitals throughout the country; one in North Carolina; one from Bay Pines, Fla.; and the tenor of most of the criticism seems to be the red tape the veteran has to go through, and delays in getting his claim settled.

Now, on that subject there is a letter here that calls attention—and this is well known—that some of these TB-arrested cases that are discharged from the hospitals seem to be brought down to the Bronx, to the New York office from time to time, during the year, for a re-

check up, and as this lad specifies in his letter or states, the recheck seems to be with the thought on the part of various rating boards to see if his compensation cannot be cut down some more.

In other words, it is a question according to them, of saving money, rather than the ultimate recovery of the veteran.

Mr. McQUEEN. General, along that line, let me ask you, you touched upon it awhile ago, talking about red tape.

There have been area boards set up by regulation or otherwise for these men that are coming out of this war, and they are stating that they fear going into a hospital again on account of the compensation being cut down.

Now, as I understand these area boards were instructed to be very liberal with these men at the time they went in there and move them along and give them a rating.

Have you not found a great many of those fellows who were then called back, have been found not to rate according to the schedule that they have now, that this area board had given them; that is, because they had either improved or because they did not have the rating at that time?

Do you not find that that is where a lot of that trouble comes from?

Mr. KEARNEY. Well, I am going to stand on my statement, Mr. McQueen, that the fault that I found through these complaints is that there seems to be in the thoughts of these veterans that the rating boards are there to cut down their pensions, their compensation, whatever you want to call it, rather than look at the general welfare of the veteran so far as his physical condition is concerned.

If you will remember, from World War I, down about to the time we passed the GI bill last year, particular reference was made during the committee hearings that this time the presumption was in favor of the veteran and not against him; and that is what I found all through the years.

Now, I will not say whether that is justified or unjustified.

Mr. CUNNINGHAM. In other words, you found that the veteran feels that the rating boards are antagonistic to the veterans?

Mr. KEARNEY. Yes.

Mr. McQUEEN. You found every veteran hates to go before a rating board?

Mr. KEARNEY. That is one of the reasons why.

Mr. McQUEEN. Yes.

Mr. KEARNEY. Like a lad at home who lost his arm at the breaking of the Hindenberg line, when he came back he told me, "I almost had to prove I was not hurt in a railroad wreck."

The attitude of the veteran is one of antagonism. He goes in there with a chip on his shoulder because he figures the only reason I am going down is to get another cut in my compensation.

Mr. McQUEEN. Have you some general recommendation on that when you get through?

Mr. KEARNEY. Yes.

Mr. McQUEEN. There is another thing, maybe you have this in there; let us go back again to these meals you were talking about this morning. Have you any recommendations as to increasing the personnel in the kitchens, or keeping the personnel there so that these men can be fed at 6 o'clock for dinner, around the usual time, rather than 4 or 4:30 as has been the practice?

Mr. KEARNEY. Yes; I think that can be done.

Mr. McQUEEN. Have you recommendations?

Mr. KEARNEY. I am going to recommend that that be done.

Along that line, I realize that a lot of these patients are on a particular diet and while they may feel hungry, in the opinion of the doctors what they are getting is just exactly what they need.

Now, bucking up against that sort of testimony I am not competent to testify whether it is right or wrong.

Mr. CUNNINGHAM. General, did you find that the fact that the kitchen help comes certain hours per day, starting in at breakfast time, would be required to work a 12-hour day instead of an 8- or 10-hour day?

Mr. SCRIVNER. They cannot work a split shift according to the War Manpower regulations.

Mr. CUNNINGHAM. That is right.

Mr. KEARNEY. But nevertheless the veterans are suffering from it.

Mr. CUNNINGHAM. Well, how do you suggest we correct it?

Mr. KEARNEY. You cannot correct it except by legislation.

Mr. SCRIVNER. You can take it out from under War Manpower regulations.

Mr. CUNNINGHAM. We will be glad to do it.

Mr. KEARNEY. I think that everything that is good for the veterans should be done.

Mr. CUNNINGHAM. Well, should the Veterans' Administration be under the War Manpower Commission control at all?

Mr. KEARNEY. I do not think so.

Mr. CUNNINGHAM. Particularly in the hospitals.

Mr. KEARNEY. Some of these recommendations that I have I think Congressmen Cunningham and Scrivner have already covered; and one of them was that, I think, the civil-service list be done away with to select doctors from the field and to pay them enough to insure—to attract well trained and reliable physicians.

Mr. CUNNINGHAM. General, you do not mean Civil Service should be entirely done away with in hospitals?

Mr. KEARNEY. That is right.

Mr. CUNNINGHAM. Just to correct it?

Mr. KEARNEY. That is right.

And also that the managers have the power of discharging certain cases where it is imperative that it be done immediately.

One thing I noticed in going through the Bronx Hospital was the inadequate wheel chair that I saw.

Now probably with a man paralyzed from his waist down it would not make any difference what kind of a chair he sat in, but to me they could improve upon that chair by designing a well covered chair with arm rests for writing material and reading material; in other words to make their lot just as pleasant as they possibly could for them.

Mr. CUNNINGHAM. General, the same wheel chairs were used in the last war.

Mr. KEARNEY. Yes.

Mr. SCRIVNER. Mr. Chairman, my seventh recommendation is that the Veterans' Administration be required to provide the most comfortable and easily handled wheel chairs available.

And I think you have hit on a very good spot there, General.

Mr. KEARNEY. I think the veterans should have more contact with the outside world of doctors, and I believe that where it is possible the men should not only be treated in hospitals nearest their homes, but in some instances there should be a provision made where the men can be actually treated in their own homes and by their own physicians.

I have in mind one that I know particularly of that instead of being in the hospital this individual home treated by his own doctor, his morale would shoot up a hundred percent.

It was a case that while he was ordered hospitalized he could have been just as well hospitalized home, as a matter of fact better so, for hospitalization.

The CHAIRMAN. General, would it be your recommendation that some system be worked out whereby private doctors could be compensated?

Mr. KEARNEY. It certainly would.

And I think that there should be more contracts made with individual private hospitals for the taking care of veterans in localities rather than sending them to hospitals where we now have such crowded conditions.

I think also that another recommendation that I would make would be that doctors in the veterans facilities from time to time should be ordered to attend various clinics, such as Leahy in Massachusetts and Mayo at Rochester, Minnesota, and others; and that those trips and studies of these doctors—for instance at the institute, I believe it is at New York, for eye, ear and nose diseases—should all be made at the expense of the Government.

I understand now that if they want to go to these various clinics or take a course of study they have to pay their own way.

Mr. SCRIVNER. And it is on their own time.

Mr. KEARNEY. It should be at the expense of the Government, because after all, they are bringing their knowledge back to the Government.

Mr. SCRIVNER. General, in connection with that have you given any thought to the possibility of where possibly that might be a little difficult to do, to bring from various parts of the country to these clinics centers, at rates commensurate with his ability, some outstanding experts to make periodical visits, and bring to them the benefits of it?

Mr. KEARNEY. Absolutely. I have that here [indicating].

Mr. SCRIVNER. Have you?

Mr. KEARNEY. Yes.

I am of the firm belief also that the managers of these various facilities should be changed, shifted around, every 3 or 4 years.

In many instances we ran across hospitals where the manager had been there over 20 years.

Now, I am not speaking of the efficiency of these managers but I think for the welfare of all concerned that there should be a shifting in the hospitals that they have charge of at this particular time, and sent all over the country, as a matter of fact, to different institutions.

Mr. CUNNINGHAM. Would you say that that should extend below the managers, say with the clinical director, chief medical doctor?

Mr. KEARNEY. Yes. The chief medical advisor, the head nurse, any of the key officials.

Mr. CUNNINGHAM. The dietitian?

Mr. KEARNEY. The dietitian.

Not so much the individual doctor but the individuals holding key positions.

I also believe and recommend that not only the War Veterans' Committee visit hospitals in their area and nearby areas at least once a year, but that all members of Congress should take more of an interest in the veterans hospitals than they are doing at the present time.

It was brought up here the other day that Congressman Woodrum from Virginia is a consistent visitor of this hospital in Virginia.

It is not only good for their own information, but it keeps the officials in charge on their toes.

Mr. SCRIVNER. That is right.

The CHAIRMAN. Do you not think if a member of Congress gets up to criticize these veterans' hospitals and then admits he has never been in one, he virtually convicts himself?

Mr. KEARNEY. I think he is in for strong criticism himself.

The CHAIRMAN. Because practically every State now has a veterans hospital, I think there are only one or two exceptions, and it is just as much a duty of one Member of Congress to pay attention to them as it is the others.

Mr. SCRIVNER. Carrying that a step further then, if that is to be done, why would not the recommendation carry with it the idea that each one of them when they have visited one of these hospitals, report to the chairman of this committee, so that if something comes up you can refer to the file, and here is a man that has been there?

The CHAIRMAN. Either that or report to the House.

Mr. KEARNEY. While it is true we have some specialists, some laymen's viewpoint I do not think we have enough specialists in TB, neuropsychiatrist specialists, diseases of the brain, kidney specialists, and that is the reason I urge in my recommendation that these doctors be sent at Government expense to these clinics, where they will have a chance, because every doctor in civilian life who has the interest of his profession at heart from time to time will take additional courses with students, eye, ear and nose clinics, diseases of the kidney, TB.

The CHAIRMAN. In connection with what you were speaking of a moment ago, you might as well also bring it right down home. It was the duty of every member of this committee during the recent recess to visit these hospitals. Arrangements were made to have their expenses paid; and it comes with poor grace for any member of the committee who did not do that to be criticizing the other members and to be criticizing what is going on in these hospitals when they do not know and do not avail themselves of the opportunity to find out.

Mr. KEARNEY. Now, Mr. Chairman, I think the recess is around 14 days.

I think I drove around 1,500 or 1,800 miles to cover these five hospitals I visited.

I have not said anything about the regional office at New York, because I wanted to disregard that at this point in the record and insert a written statement, but what I am concerned about in addition to what I have already testified to is these letters that I have received concerning the amount of red tape, the delay in handling claims, the delay in paying national life insurance claims.

I realize that it is—probably a lot of that is due to the lack of help, and I will say this, that if that bill that was introduced by Chairman Rankin was allowed to go through at that time, we would have been well on the way to getting some extra help and extra hours.

Mr. SCRIVNER. That was approved; was it not?

Mr. KEARNEY. No.

The CHAIRMAN. It was objected to, but the Speaker has agreed to recognize me for suspension of the rules on Monday next.

Mr. KEARNEY. Now, Mr. Chairman, I have some letters here from witnesses who desire to appear. I bring this to the attention of the committee. I do not know what you want to do about it.

Do you want me to insert the names in the record?

The CHAIRMAN. No. You can leave them with the clerk, Mr. Kearney.

We have a great many people who want to come here and testify, and almost invariably we find they have special claims of their own.

What we want to get is the general picture, and at the rate we are going it is going to take a long time.

Mr. KEARNEY. Now, there was some question asked me about the mental hospital at Lyons, and I am going to be frank and honest about that situation. It concerns myself.

They asked me, "Did you question the patients?"

My answer is, "I did not question the patients and I never would in God's world, because if you can get an intelligent answer out of any one of those individuals that I saw at Lyons, well, you have a different idea than I have."

Mr. CUNNINGHAM. If you could, he would not be there. Is that it?

Mr. KEARNEY. That is right. This is off the record.

(Discussion off the record.)

Mr. SCRIVNER. Mr. Chairman, on the record:

There is on duty now here in Washington, I think he is still here, a Colonel Menninger.

I do not know him personally, but in Kansas the name Menninger has been recognized, and I think it is recognized throughout the country, as an authority on mental conditions; and I think possibly it might serve a very beneficial purpose for the committee if he is here if he would be called before this committee to give us the benefit of some of his observations.

Now, he has been making quite an extended study of the neuropsychiatric cases in the Army now, so with his observations of the mental hospitals of the Army he could probably give some idea of the situation we would probably be faced with when this war is over and these men are discharged. I think he might give us some valuable information.

The CHAIRMAN. It has been developed somewhat here that a great many of these TB men come out. They are not cured but arrested, so that they can carry on and probably live out their allotted time.

Another thing, in these psychiatric hospitals, these mental hospitals, patients go there who, if they did not have these hospitals, would go to State institutions, and as long as they lived they would be branded as ex-inmates of insane asylums.

Many of them come back and resume their occupations without any stigma being attached to them. And from that standpoint alone these mental hospitals have been a godsend.

Mr. KEARNEY. Mr. Chairman, just one more observation and I am through.

I have had a lot of people write me and talk with me about why there are not more facilities in being. Now, we passed the GI bill a year ago next month, and at that time \$500,000,000 was earmarked hospitalization, building of hospitals additionally.

And I think the committee realizes that we made a mistake in putting the Veterans' Administration secondly to the Army and Navy Departments.

Mr. CUNNINGHAM. We corrected that.

Mr. KEARNEY. That has been corrected, and that is one of the reasons. But my thought is still this, that you cannot hospitalize men on blueprints.

Mr. CUNNINGHAM. I wonder if you have thought of this in any of those visits to NP hospitals, General?

All of them have many World War I mental cases that are incurable.

I do not know anything that could be done about it now. But it seems during this war they are taking them in there as what you call neuropsychiatric cases, and it is bad for them to see these other cases.

They say "Here, this fellow has been here 10 or 20 years. Am I going to be like him?"

If there was some way of keeping the men from this war from contact with men from the last war who are incurable—I do not know the cure for it unless we build more facilities.

Mr. KEARNEY. Well, I do not know what the cure is but I am interested, as I am sure the rest of the committee is, to be sure that the men have sufficient facilities to take care of every one of them who comes out of this war.

We have not even started to hear of cases yet.

While it is true the war in Europe is over, we have a tough war in the Pacific, and I want to know there is a bed there to receive them.

The CHAIRMAN. General, about these mental cases, as you have said it is pathetic, it is no laughing matter; and we are going to have more of those cases because of this war, this bombing, this terrific pressure that they go through. These veterans' hospitals are doing more to take care of that class of cases than anything else ever established in this country.

And what we are after here is to see that they get proper treatment, the right kind of doctors, right kind of aids, nurses, and assistants.

The majority of the managers—

Mr. SCRIVNER (interposing). This Dr. Menninger is making a profound study, and I think he is about ready to be at least in a position where he has a pretty good idea of the aftermath we face.

That is going to be from his study of those patients now in hospitals and from some who have been brought out of them.

My information was that he was not as alarmed over the situation as we were a few months ago, that he is more optimistic as to what can be done for these men if they are properly handled.

The CHAIRMAN. Many of them are just shell-shocked and their mental and nervous conditions are temporary.

Mr. SCRIVNER. Temporary.

The CHAIRMAN. If they are properly cared for many of them will come out all right.

Mr. SCRIVNER. I will put that in a form of a request. I have asked Mr. McQueen to find out what his full name is, and I believe he could give us a pretty fine picture of the thing.

The CHAIRMAN. I was just going to thank you for your statement. You made a splendid presentation.

Mr. KEARNEY. Well, I have some further thoughts that I want to insert in the record at this point but in some instances they have been already gone over and I do not want to take the time of the committee.

And I want to say there was a gentleman in my office yesterday. I also understand he has also contacted Congressman Taber and others in the House. He is here.

Whether his testimony confines itself to this particular problem about a rating of compensation I do not know. But I told him I would bring his presence here to the attention of the committee.

He is here now.

Mr. CUNNINGHAM. He is here?

Mr. KEARNEY. Yes. Mr. Myers.

The CHAIRMAN. Is it an individual case?

Mr. MYERS. No. Absolutely, no. They are trying to make it so but I insist that it is not. Mr. Rankin tried to make it so. I have this correspondence here.

Mr. KEARNEY. Have you talked with Mr. Rankin?

Mr. MYERS. I have had correspondence with Mr. Rankin.

The CHAIRMAN. You talked with counsel of the committee. You talked to him, Mr. McQueen?

Mr. McQUEEN. Yes.

The CHAIRMAN. We are going to hear Mr. Domengeaux now.

Mr. DOMENGEAUX. Mr. Chairman, I have been out of town, and my secretary told me that you had suggested that I testify, but I have not compiled the notes.

I mean it would take me 3 or 4 hours to do it and I have not had that opportunity because I did not know that I was scheduled for this afternoon.

The CHAIRMAN. The committee will go on in executive session.

(Whereupon, the committee proceeded in executive session, and the open session adjourned to Friday, June 1, 1945, at 10 a. m.)

EXECUTIVE SESSION

(The committee met in executive session at 1:45 p. m., Hon. John E Rankin (chairman) presiding.)

The CHAIRMAN. The committee will be in order. Now, what is your trouble? Give your full name.

STATEMENT OF DOE MYERS, ROCHESTER, N. Y.

Mr. MYERS. I would just as soon be sworn. Rather be.

The CHAIRMAN. All right.

(Mr. Myers was duly sworn.)

The CHAIRMAN. Where are you from?

Mr. MYERS. Rochester, N. Y.

Mr. McQUEEN. State your full name, please.

Mr. MYERS. Doe, D-o-e, Myers.

The CHAIRMAN. Who is your Congressman?

Mr. MYERS. Rogers, George F. Rogers.

The CHAIRMAN. All right, Mr. McQueen. Go ahead with your statement.

Mr. MYERS. Under date of April 3, I wrote a letter to the Honorable John Rankin which I will read. [Reading:]

MY DEAR MR. RANKIN: The writer would at this time request that he be given the opportunity to appear before the special committee appointed to investigate the veterans' hospitals. He has a story to relate that sounds like fiction but this story can be corroborated by documentary facts. It reaches from the medical staff of the Veterans' Hospital at Batavia, N. Y., up to the Administrator of the Veterans' Administration, Mr. Frank B. Hines—

I think that B is wrong—

Kindly advise the writer approximately the time that he should be in Washington to appear before this committee. Thanking you in advance for the opportunity which you grant the writer to make this appearance before this committee he would remain,

Respectfully,

DOE MYERS.

The CHAIRMAN. What hospital were you in?

Mr. MYERS. At the Veterans Hospital at Batavia, N. Y.

The CHAIRMAN. When were you there?

Mr. MYERS. I was there the first time in 1939, 1940, then I was there again—

The CHAIRMAN. Was that a TB hospital?

Mr. MYERS. No.

The CHAIRMAN. What kind is it?

Mr. MYERS. General, just a general hospital.

Mr. McQUEEN. General medical.

The CHAIRMAN. The first time what were you there for?

Mr. MYERS. The first time for abdominal operation.

The CHAIRMAN. Did you get it?

Mr. MYERS. Yes. Then I went in for inguinal hernia operation. I did not get it, but I came out with a ventral traumatic hernia after being in there 6 weeks.

But I would like to go on with this here, if I may, please.

The CHAIRMAN. Well, go ahead and tell what you know. What is your complaint?

Mr. MYERS. Well, the question came up here whether this is an individual case or general [referring to open session]. You, Honorable Congressman, tried to make it a personal case.

The CHAIRMAN. Well—

Mr. MYERS. In your correspondence. When that is not the intention at all. But I have to use my case to show these conditions.

Mr. KEARNEY. Mr. Chairman, I suggest that he go on with his story.

Mr. MYERS. I want to get this before this committee.

Mr. KEARNEY. Well, tell your story.

Mr. MYERS. I want to get before this committee this correspondence I had with the honorable—

Mr. KEARNEY. You are here now. Go ahead and tell your story. Your story about the hospital.

The CHAIRMAN. What is wrong with the hospital?

Mr. SCRIVNER. What are the things that are bad that you know about?

Mr. MYERS. Well, first of all can I make this statement? This is long. It cannot be given in 5 minutes or a half a day.

The CHAIRMAN. What is it about? What is the subject of it?

Mr. KEARNEY. Is there something wrong with the hospital up there?

Mr. MYERS. Absolutely.

Mr. KEARNEY. Well, tell what it is.

Mr. MYERS. It is the general conditions in the hospital itself.

The CHAIRMAN. Well, what are they?

Mr. MYERS. Well, I see right now I am not going to get any place because you are going to limit me. I have here documentary proof. I went in there Tuesday, December 31. I have a chronology from the day I entered the hospital.

The CHAIRMAN. Do you have it all written out?

Mr. MYERS. Yes.

The CHAIRMAN. Well, just suppose you submit it to the stenographer.

Mr. MYERS. No. This is not going out of my possession.

The CHAIRMAN. It will go out of your possession if you read it to the committee.

Mr. MYERS. If we cannot get this the other way I will give it to the press.

The CHAIRMAN. You can tell us what is wrong without reading all that document. We do not have time for every patient that wants to come here to read all those documents.

Mr. MYERS. I don't know if this is going to be a whitewash whether there is any need for my appearing here.

Mr. KEARNEY. It is not any whitewash.

Mr. MYERS. That is what you are trying to make it. I can tell you this, if I am allowed to start at the beginning and go to the end of it.

Mr. CUNNINGHAM. What was the general trouble? Were you mistreated or what happened?

Mr. MYERS. I went in there for an inguinal hernia operation. I was in there for 6 weeks. I came out with that hernia and also another one, due to the conditions in the hospital.

Mr. KEARNEY. What were the conditions?

Mr. MYERS. I came in there with the same condition I had had, that is with this hernia. I have a hernia.

Mr. McQUEEN. Sit down.

Mr. MYERS. I went in on a Monday morning, I had my physical, Dr. Mackey gave the examination, that was at the receiving ward.

I had been there a few days and I came down with a cold. They had a system up there at 10 o'clock at night of going through all the wards in the hospital, irrespective of the condition of the weather, and lowering the windows, and going out and leaving the doors open. Then in the washrooms, the toilets, they went in and opened those windows, shut off all the heat. Then if a veteran had to get up and go to that room—you know if you have ever gotten out of a warm bed in severe weather you know what that is going to do. Well, I contracted a very severe cold. I reported it to Dr. Mackey and they checked. On Saturday I was still in A ward. I become very sick.

I reported to the doctor and a nurse. They transferred me immediately into a private room and, with what I had, I came down with pneumonia and I was very sick from this Saturday, and they put a special nurse on me and they gave me wonderful treatment. I will be perfectly fair, they did everything possible. Now, on a Monday morning they—I got into a condition so they moved me out of that room.

Mr. KEARNEY. Why did they move you out of the room?

Mr. MYERS. They took me out of the single room because I was in a condition then to go down with other patients. They were running temperatures and they had colds too and they put us all together. I was confined to a bed there until the following Saturday. I had been there 2 weeks.

Then they transferred me up to D ward for this operation, and the nurse on the way up she said "you bring to the attention of the ward nurse your condition." I had a terrible cough.

I reported to the ward nurse. She said you report it to the doctor. The doctor's office was in the adjoining room. Well, I referred it to this Dr. Harkins—not the chief surgeon—yes, he was the chief surgeon—Dr. Bundy came in and it was reported to him.

Well, they called me into what they call the jumping-off room for having the operation the following Monday. I had no examination as to my condition or anything. On the following Monday they transferred me out of that room without any examination and put me into another room, and I got along until that Tuesday. I saw no doctor. I was talking to another man in the room. But I had not seen any doctor. And while I was talking, in came a Dr. Harding. He said, "I have talked to you." I said, "No; the only time you have seen me is when I made my report last Saturday."

That was the only time I had seen a doctor.

A few days after that they gave me an order to report to the ward nurse for cough medicine, to get cough medicine three times a day and at bedtime. That cough medicine was given to us in a little cup and there would not be a teaspoon of it, that was all we got.

And the doctor came around each morning, just walked through the ward, good morning, that was about all there was to it. The nurses took a record of whether we had a temperature, bowel movement, for the day.

Then they shot me back to the jumping-off room, no examination. They kept me there about an hour then; then they transferred me out of this room again and down to room 330, and in the meantime my cough was getting worse.

Well, on—I had been in there—this 330—on that Saturday I discussed—my abdomen had opened up, this condition here [indicating] this inguinal traumatic hernia.

Mr. SCRIVNER. What is that caused from?

Mr. MYERS. From a previous operation, the weakness around a scar. And that was the first I had noticed it, on a Saturday. On the following Monday morning I reported it to the attention of the doctor and told him—asked Dr. Harding if they could do something for me.

A Dr. Wall came and took Dr. Harding's place the next day, so I said, "Dr. Wall, is there something you can do for my cold?" He said, "Well, there are limitations on it but we can give some."

So it went along the next day or so. I stopped Dr. Wall in the next corridor and asked him if I could have a leave of absence to go home and cure a cold, that they were not doing anything for me there.

A very curious expression came over his face and he said, "I am going to the operating room now, I will take it up with you later."

In the afternoon I talked with him, then he said, "We will take up that question of leave tomorrow; you have some X-rays and I want to see those pictures."

Mr. SCRIVNER. Had they taken X-rays?

Mr. MYERS. They had then. After I had been in all that time they took X-rays.

Mr. SCRIVNER. You had been in how long? How long was it when you got your Xrays?

Mr. MYERS. Four weeks.

Mr. McQUEEN. What day did you enter the hospital?

Mr. MYERS. January 27, 1941.

Mr. McQUEEN. And how long had you remained there?

Mr. MYERS. I remained there—

The CHAIRMAN. Listen, gentlemen, we are going to have to go into executive session. If you have any further statement send it to the clerk and submit it for the record. We cannot go any further with this today. I want to talk with the committee.

So we will excuse you now and if you have any further statement you write it out and submit it to the clerk.

Do you not think that is right, Mr. Kearney?

Mr. KEARNEY. Yes.

Mr. MYERS. That is just what I thought. I will give it to the press.

Mr. SCRIVNER. Let me ask just one question. Your treatment, is that what every patient got?

Mr. MYERS. I am just handcuffed here in getting this over. I am absolutely handcuffed.

Mr. SCRIVNER. I am just asking you if that is what happened to all the patients.

Mr. MYERS. I have an affidavit here from a man who was in for an operation he caught a cold and got a hernia too.

Mr. DOMENGEAUX. How can a cold cause a hernia?

Mr. MYERS. Well, from coughing.

Mr. DOMENGEAUX. I see.

Mr. KEARNEY. Do I understand you to mean that through lack of treatment by the hospital officials you contracted this cold and from the cold you got a hernia?

Mr. MYERS. Yes. From coughing. Now, what I am trying to bring out is not only did I get a cold, but when I tried to file a claim, through collusion and faulty records they tried to cover it up. That is what I am trying to bring out here.

The CHAIRMAN. You can write your statement out and send it to the clerk.

Mr. McQUEEN. Mr. Myers, did you not make a statement when you went into the hospital that you contracted this hernia in 1940 in stepping off a curb?

Mr. MYERS. That is this hernia here [indicating].

Mr. McQUEEN. And you did not enter the hospital until 1941?

Mr. MYERS. 1941.

Mr. KEARNEY. Is it not customary to open the windows at night in a hospital?

Mr. MYERS. It is all in here [indicating].

Mr. KEARNEY. How many were in the room when you caught the cold?

Mr. MYERS. 18 or 20.

Mr. KEARNEY. How many of the others caught colds?

Mr. MYERS. All of them. The point I wanted to bring out here, they wanted it that way.

Mr. KEARNEY. What you want to say is that by opening those windows, that it is your opinion that the hospital officials wanted every man to catch a cold?

Mr. MYERS. That is what they wanted. I can prove it. And they corrected it after the sergeant had it corrected.

Mr. McQUEEN. Why did they want them to contract a cold?

Mr. MYERS. It is a custom in the hospital—

Mr. KEARNEY. Do you think they wanted to kill the men?

Mr. MYERS. No; they don't want to kill them.

Mr. McQUEEN. Why did they want them to catch colds?

Mr. MYERS. Give me time and I will try to tell you. At that time they did not have enough to keep the doctors busy. Before they can let a patient out he has to be in good condition. As long as he had a cold they could keep him in there.

Mr. KEARNEY. In other words, by doing those things which were done toward catching colds then they placed themselves in a position where they did not have to take care of any new patients?

Mr. MYERS. That is the point exactly.

Mr. SCRIVNER. Well, that situation will be corrected now by so many new men coming in they will not have to worry about keeping their beds full.

Mr. MYERS. Let me give another statement here. The day I went on this furlough to cure the cold—it is not my own individual case—I went into room 313, hadn't any more than stepped inside the door than the man in the corner said, "I wonder if I could get you to do something for me."

This was on a Thursday morning. He said, "I have not had a bowel movement since last Saturday." He said, "I have reported it to the doctors and nurses every day; I am getting in an awfully bad conditions." He said, "I wonder if I could get you to do something for me." I said, "Yes." I went out to the ward office—they were just changing the shift—

The CHAIRMAN. Mr. Myers, we are going to have to close now. You may submit it in writing with the clerk. We are going into executive session now. You can submit the rest of it in writing.

Mr. MYERS. I think it would be better if I turned it over to the Saturday Evening Post and let them have it.

The CHAIRMAN. That will be all right. Let the Saturday Evening Post have it.

Mr. MYERS. There has been a good deal of criticism by the press.

The CHAIRMAN. Now, I want to talk about matters that we have up here.

Mr. MYERS. Well, I knew that they did not want to get the facts.

The CHAIRMAN. Off the record.

(Discussion off the record.)

Mr. KEARNEY. I move that we adjourn until 10 o'clock tomorrow morning.

The CHAIRMAN. We will adjourn to meet at 10 o'clock tomorrow.

(Whereupon, the committee adjourned until 10 a. m. of the following day.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

FRIDAY, JUNE 1, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION.
Washington, D. C.

The committee met, pursuant to adjournment, at 10 a. m., Hon. John E. Rankin (chairman) presiding.

Present: Messrs. Rankin (chairman), Allen, Gibson, Domengeaux, Engle, Carnahan, Green, Cunningham, Kearney, Scrivner, Auchincloss, and Ramey.

The CHAIRMAN. The committee will come to order.

We will hear the gentleman from Georgia, Mr. Gibson. Are you ready to make your report, Mr. Gibson?

Mr. GIBSON. Yes, Mr. Chairman.

STATEMENT OF HON. JOHN S. GIBSON, A REPRESENTATIVE IN THE CONGRESS OF THE UNITED STATES FROM THE EIGHTH CONGRESSIONAL DISTRICT OF GEORGIA

The CHAIRMAN. Please state your name for the record.

Mr. GIBSON. John S. Gibson, representing the Eighth Congressional District of Georgia.

Mr. Chairman, I have a prepared statement which I would prefer to read, first, without interruption, and then answer any questions on any portion of the statement, or any other questions that anyone may wish to propound.

The CHAIRMAN. You may insert it in the record if you like.

Mr. GIBSON. It is comparatively short. I think I will put it all into the record.

I respectfully submit a report of my findings serving as a committee of one to investigate veterans' hospitals at Lake City, Fla., Montgomery, Ala., Tuskegee, Ala., and Atlanta, Ga. These investigations were made as a part of the check-up brought about by charges that were specifically directed at the Veterans' Administration hospital facilities in the United States by one Albert Q. Maisel, which charges were published by Cosmopolitan magazine and other publications.

In general I will state that I found the hospitals efficiently operated by an interested personnel and that the entire buildings, including bedrooms, kitchens, dining rooms, and all portions of the establish-

ments, were spotlessly clean and equipped with every necessity to assure a sanitary condition. The grounds were beautifully landscaped and kept most attractive and clean.

I arrived at every hospital inspected by me unannounced, and on two occasions while meals were being served to the patients. I went immediately to the dining rooms and entered and observed the food being served to the patients in the dining rooms as well as in the wards to those not able to come to the dining room. The meals were full, well balanced, and wholesome, and most attractively prepared and served. In fact, I had a meal at one hospital and found the food very tasty and, in fact, better than can be had at a private home at this time.

I went into the kitchens and looked closely into crevices, and did wipe the corners in cooking utensils and try to pick up some evidence of uncleanness, but it was not to be found. I found absolute absence of roaches, insects, and vermin. In fact, I found equal cleanliness that will be found in the best kept homes.

I went by myself from room to room and talked to the patients behind closed doors. I disclosed to them my identity, the purpose of my visit and assured them that their names would not be disclosed to anyone and asked them to give to me any and all complaints as to food, cleanliness, care of the doctors, nurses, and attendants, and especially as to the manner in which they were dealt with as to kindness or harshness. Fully 95 out of every hundred I talked to, and I talked to many in each hospital, would tell me that no one could have any just complaint against any treatment received at the hospital. Fully this large a percentage spoke in glowing praise of the treatment they received.

My estimate would be that there would be five out of every hundred that would register some general complaint, but when called upon to specify in detail the complaint, they would be unable to do so. The only two specifics that I was able to get was one patient stated to me that the food was bad, and I asked him to explain. He said that the dinners and suppers were all right, but that the cooked cereals for breakfast were cooked without salt. I asked him if they did not bring a salt shaker on the tray and he said they did, "but that it just wasn't as good as if it were cooked in the cereal." I then asked him what reason was given for this and he stated that the management had said that there was a great number who did not want salt and others were not supposed to have salt in their food, and it was necessary to fix it in this manner. One other said that in reply to some explanation about his plate-work a dentist said to him, "That is a damn lie." He was unable to tell me who the dentist was and I was unable to go further on this charge. Frankly, I did not attach a great deal of importance to either of these charges.

The only suggestion I could make to improve the service at these hospitals would be a change in the system of selecting doctors and an increase in the compensation of the doctors. I find that the doctors are paid very little more than clerical help should be paid. The doctors are now chosen through the system of civil service, which is a very close approach to socialized medicine, and which could never be expected to provide an efficient corps of doctors. At Lake City I found that they have 13 doctors, including administrative officers, and

1 dentist. Two of these doctors report themselves to be Italians, but they both have the definite appearance of being Jewish. Three others admit being Jewish, and one recently removed was Jewish. At the Montgomery hospital they have 13 Army doctors, 5 civilian doctors and 1 part-time civilian doctor. Of this number 8 are Jewish; Dr. Frederick Rosenfeld is outstanding in efficiency and in his contact with patients, Dr. Mayer A. Newhouser and Joseph Weinrib are both outstanding in efficiency and in their contacts with the patients.

I might say that the patients and the manager said they were excellent doctors.

At the Atlanta hospital they have 32 doctors—10 known as outpatient. Of the 32, 8 are Jewish. It can be seen that over-all there are more than 25 percent of the doctors Jewish. In every instance I found that a small portion of the Jewish doctors at each institution were very efficient, but over-all their efficiency is low, and what complaints I got with regard to kindness and care of patients were about these doctors. This can be accepted as emanating from an anti-Semitic attitude or may be considered treason, but it is the cold facts as I found them, and my purpose is to bring facts before this committee and this Congress.

Of course, in the Tuskegee, Ala., hospital the entire personnel and patients are colored.

Reporting first on Tuskegee, I want to say that Colonel Dibble, who is manager of that hospital, and his entire personnel are doing an outstanding job. I could not speak too highly of the efficiency I found in their work. Their grounds and buildings are clean and well kept, their meals are good, and the patients seem to be happy over the care they are getting. I found that they are doing a great job in rehabilitating their mental cases. They are equipped to handle them most humanely, and seem to have a deep and sympathetic interest in their welfare.

A thing that impressed me greatly at Tuskegee was the amount of produce they are raising on their little farm in connection with the hospital. It will be understood, of course, that no one excepting mental cases is required to do any work at the hospital and the purpose of this is to create an interest in the individual, which, of course, adds to the possibility of the restoration of his full mental faculties. Therefore, the other hospitals inspected by me would not have opportunity to engage in the production of foodstuff. They raise all of their own pork at Tuskegee and slaughter about 800 hogs per year, which average about 175 pounds each. They raise practically all of their vegetables in season, great quantities of sweetpotatoes, strawberries, and also have a small peach and pear orchard and a vineyard. They work their own stock and hire only one superintendent and two laborers. They have a very nice recreational hall, a capacity of 1,732 beds, which stay full; in fact, there were 1,723 occupied the day I was there, which, of course, is too close a margin when the turn-over is taken into consideration. This institution has 32 doctors and 3 dentists, with four additional doctors authorized. They have 76 graduate nurses, 28 cadet nurses, and 16 student nurses, with 23 additional nurses authorized and being filled.

It will be recalled that, among other things, among the charges made was one quoted from Dr. Prudhomme to the effect that he and 15

other doctors left Tuskegee, "because they could not stand it any longer."

The CHAIRMAN. Where did that statement come from?

Mr. GIBSON. That was either in the Cosmopolitan magazine or PM.

The CHAIRMAN. These doctors are all Negroes, and all the nurses are Negroes, and all the patients are Negroes?

Mr. GIBSON. Yes, from the manager right on down.

The CHAIRMAN. And yet this Cosmopolitan article stated that these Negro doctors left there because they could not stand it any longer?

Mr. GIBSON. I want to be sure that I am right about it. It was in one of those publications. It could have been in Reader's Digest; but it is either that or the Cosmopolitan or PM. It was certainly contained in one of them. I can check up and be sure of that. I had the article before me at the time and took it up with Colonel Dibble.

The CHAIRMAN. In that connection I want to say that I have had a great deal to do with the Tuskegee hospital, and I never heard that complaint before in my life. It is the one hospital where there are Negro patients that I have never had a complaint from, except as to the crowded condition from time to time.

Mr. GIBSON. I will have to say this, that it is as well operated a hospital as I have visited, if not the best. It would do any of you good to go there and see what those Negroes are doing for themselves, and to see the intelligence with which Colonel Dibble approaches the problem, and his general outlook toward the Negro race.

In this connection I am submitting a detailed written report in repudiation of these charges, which shows the statement to not only be untrue, but maliciously made. Said report is hereto attached marked "Exhibit A," to which especial reference is hereby made.

Colonel Dibble stated that every doctor that left, left under most friendly conditions to accept positions that paid them better money.

With regard to the charges made by the accuser as to the efficiency of the hospital as to cures and the ratio of patients to doctors and nurses, and so forth, I attach hereto a factual statement which is marked "Exhibit B" to which reference is especially made.

I attach menus of this institution of meals actually served from April 8 through April 16 inclusive, which is marked "Exhibit C."

I desire to take this opportunity to thank Col. E. H. Dibble, Jr., who is manager of the Tuskegee hospital, and his entire personnel, for the efficient manner in which the institution is operated, and for the good care they are giving their patients.

At Lake City I found a condition that did not meet my approval. They have both colored and white patients at this institution, but they occupy different buildings and are definitely segregated. However, they do have white nurses who attend and wait on the Negro patients. They have no Negro nurses. They have white men attendants at the Negro building who make regular rounds in the Negro wards, but knowing the Negro people as I do, I think the patients would be at more ease and happier if they had Negro nurses and Negro attendants, and I am further definitely opposed to any system requiring white nurses to attend the Negro patients. I recommend to the committee that this condition be adjusted.

I found the personnel adequate with the replacement of the doctor who was recently removed, and which it is expected they will be able to do.

They had 30 nurses, including the chief nurse.

They are in need of a new nurses' quarters consisting of a fireproof building sufficient to accommodate 30 nurses. They need a new medical infirmary building and should have an extra clinical laboratory technician.

With regard to the charges made by the accuser as to the efficiency of the hospital as to cures and the ratio of patients to doctors and nurses, and so forth, I attach hereto a factual statement which is marked "Exhibit D", to which reference is especially made.

I attach menus of this institution of meals actually served from April 9 through 15, inclusive, which is marked "Exhibit E."

The CHAIRMAN. Do you attach the menu at Tuskegee?

Mr. GIBSON. Yes. I further attach hereto, marked "Exhibit F," consolidated report furnished me by the manager's office.

I desire to take this opportunity to thank Dr. Howard C. Von Dahm, manager of the Lake City Hospital, and his entire personnel, for the very efficient manner in which the institution is operated, and for the good care they are giving their patients.

At the Montgomery hospital I find they have 32 nurses on duty and nine additional just authorized and being placed. I find that they are in distressing need of a recreational building in the Montgomery institution. The only place they have to hold a religious service is in the lobby of the hospital. I left my grips in the lobby and when I finished at the manager's office at about 9 o'clock one night it was necessary to disturb services being held to retrieve them. A lobby is naturally a place where people have to frequent in entering and leaving buildings. The only place they have to display moving pictures is in the dining room, which necessitates the removal of all furniture and the placing in of folding chairs each time a show is had. They have no recreational facilities at all.

I understand that another wing on the hospital building is now being considered. This being not only a hospital, but a combined facility and this wing is for an expansion of administration and operating purposes. They have a capacity of 329 beds, 280 being normally occupied, which does not leave too broad a margin for the turnover.

I attach hereto marked "Exhibit G" menu showing food actually served at this institution from April 2, 1945 to April 8, 1945, inclusive.

I desire to take this opportunity to thank Mr. M. E. Head, manager, and Dr. J. W. Pafford for the excellent work they are doing at this institution, and for the good care they are giving their patients. I might state that Mr. Head has been manager only from April 1, 1945.

The CHAIRMAN. You spoke about bed capacity. What about the condition at Tuskegee and Lake City? Were they crowded?

Mr. GIBSON. Out of 1,732 available beds there were 1,723 occupied.

The CHAIRMAN. At Tuskegee?

Mr. GIBSON. Yes. They need more room, but they have now under construction some additional rooms, so I think they will be taken care of.

The CHAIRMAN. What about Lake City?

Mr. GIBSON. That was not too badly crowded.

The CHAIRMAN. That is what we call a soldiers' home; it was established for a soldiers' home, was it not?

Mr. GIBSON. In the beginning.

The CHAIRMAN. That has a great many domiciliary barracks?

Mr. GIBSON. Yes, sir.

The CHAIRMAN. Do you know how many beds they have in Lake City?

Mr. GIBSON. I am sure I have it here, Mr. Chairman. They are not crowded, though, at Lake City. The only places I saw any crowding—and that was not distressing—was at Tuskegee and Atlanta.

The CHAIRMAN. Are they crowded at Atlanta?

Mr. GIBSON. Yes; not to a critical degree, but they were crowded some.

The CHAIRMAN. Are there any additional buildings being constructed?

Mr. GIBSON. No, sir. I do not think that any have been approved. Certainly they are not being constructed.

At the Atlanta Hospital I found that they have on duty 49 nurses with 58 authorized, 6 of them whom were only recently authorized. I found they have a capacity of 415 beds and that 383 were occupied the day I was there, and that 7 patients were on leave; that 32 patients were ready to enter and only 30 beds available, and that 107 accepted patients were on the waiting list.

So you can see that they do need more beds there.

The CHAIRMAN. That is a general medical and surgical facility?

Mr. GIBSON. Yes, sir. The only place I found where beds were crowded at all was at the hospital in Atlanta and they have placed in 98 extra beds as 317 is the designated capacity. Even at that I did not consider that they were crowded sufficiently to retard their recovery or lessen or aggravate their comfort.

I did find, however, that their recreational facilities are wholly inadequate, being too small, and I would recommend to the administration that the same be enlarged.

With regard to charges made by the accuser as to the efficiency of the hospital as to cures and the ratio of patients to doctors and nurses, and so forth, I attach hereto a factual statement which is marked "Exhibit H," to which reference is especially made.

I attach hereto a photostatic summary of hospital service calendar year 1944, marked "Exhibit I."

I attach hereto menu of food served at this institution from April 16 through April 22, inclusive, marked "Exhibit J."

I desire to take this opportunity to thank Mr. John M. Slaton, Jr., who is manager of the Atlanta hospital, and his entire personnel for the very efficient manner in which the institution is operated, and for the good care they are giving their patients.

I found that the system determining the service of the officer of the day keeps them on duty too long—usually from 26 to 28 hours consecutive service. This is brought about by a doctor who had had his regular daytime service in the hospital being required to serve on through the night and until the next morning when the regular doctor comes on duty, and sometimes after that hour. I think this system should be changed to where the doctor who serves as officer of the day would not have any day service preceding or following his service as officer of the day.

I would like to mention one instance that impressed me very much. I would like you to pay very close attention to this, because I think it is very worthy information.

While investigating the Atlanta, Ga., hospital I met Mr. Sanford P. Butler, of Savannah, Ga., who is director of public works of the city of Savannah, Ga., who is a man of high character and outstanding intelligence and broad experience. He served as commander of Savannah Post 135 for 2 years and has also served as post adjutant. He served as district commander of the First Congressional District for 1 year.

The CHAIRMAN. What organization is that?

Mr. GIBSON. The American Legion.

He served as commander of Disabled American Veterans for 1 year. He served 1 year as chef de guerre of Forty and Eight, and 1 year grand chef de train, and 1 year as grand correspondent, Forty and Eight. I give you these facts so that no one can question his deep interest in the welfare of all veterans, and it is seen that he has been most active in their organizations. Mr. Butler had been in this hospital for about 3 weeks for an operation and I talked to him privately about the hospital and the charges. He stated emphatically that there was not the first factual foundation for any of the charges, that the service, the care, food and cleanliness of the hospital was all that the most exacting could desire. I asked him then if he was basing his opinion strictly on treatment accorded him, or if while he had been convalescing he had visited various wards and the many different patients and had opportunity to observe the treatment they received. He stated that he had been in practically every portion of the hospital, and having learned of these charges, had specifically endeavored to determine if there was any foundation for them and he had not seen the first thing that was justly subject to criticism.

While I was talking to him in the room and out in a kind of recreation room where they play checkers, and so on, the men were asked for any complaints that they might have, and one fellow said he was not getting cigarettes enough. I asked him how many he got, and he said a pack a day. One man said, "Congressman, he is just a belly-acher," and then said to him, "You know you get better treatment than you would get at home." He said he reckoned he did.

Then I took Butler back into the room and closed the door, because I figured that that was the key to the situation. I knew that his interest was as deep as mine or anyone else's and that he had opportunity to know what he was talking about.

If there are any questions I shall be very happy to try to answer them.

Mr. McQUEEN. Where there any complaints about the time the meals were served?

Mr. GIBSON. None whatever.

Mr. McQUEEN. Numerous letters have referred to that matter. Were there any complaints from any of these men about the medical treatment not being accorded, or that they had been held in the receiving wards too long?

Mr. GIBSON. No, sir. The only complaint I heard about a doctor at all was from a boy who told me about a dentist. I said, "Will you face him in that?" He said, "Yes; I would be glad to." I said,

"I would like to take you before the manager and have it out. Which one was it?" He said, "I don't remember." He has been in the hospital about two years.

Mr. McQUEEN. Did this man make any reference to the length of time he was in the receiving ward before the time he actually went into the ward for surgery?

Mr. GIBSON. No, sir; he did not. There was one man whom I used to know when I lived in Florida, a very close friend of mine. The manager at Lake City told me that the patient had been there 9 years and he would like me to drop by his room and talk to him. He gave me the room number. He said it was Mr. Rye. That name did not register with me at all, but the minute I walked in I said, "Hello, Rolla." I had not seen him for years. He used to run a garage and a grocery store. I stayed in there quite a while. He got his back broken in an automobile wreck. He goes home occasionally, but he has been there at the hospital for 9 years. He certainly ought to have the inside of the situation; and he told me that no one could be treated better than the patients were treated there at all times by doctors, by nurses, and by attendants, and he said that no just person could have any complaint whatever.

The CHAIRMAN. What hospital was that?

Mr. GIBSON. Lake City, Fla.

I might just read over these menus to give you a general idea. I checked to see if the food was served.

The CHAIRMAN. You live in Georgia?

Mr. GIBSON. Yes.

The CHAIRMAN. Did you see any people in the Atlanta hospital whom you knew?

Mr. GIBSON. I do not believe I saw a man in that hospital that I had known before. I saw some people whom I knew by reputation, like Mr. Butler, because he is a very outstanding citizen of Savannah. I ran into one or two in the Montgomery hospital and three or four in Lake City hospital.

Take Tuskegee, which is a Negro hospital. Here is the breakfast menu:

Canned grapefruit, sausage, grits, toast and butter, coffee, cream, milk.

Here is the lunch:

Tomato soup, roast lamb, green peas, mashed sweetpotatoes, beet and egg salad with french dressing, rolls and butter, maplenut ice cream, coffee.

Mr. ALLEN. That is the regular diet?

Mr. GIBSON. Yes.

Mr. ALLEN. You found that they got different menus for the different troubles they had in the hospital, and you are reading now the regular one?

Mr. GIBSON. Yes sir.

Mr. CUNNINGHAM. That is for the ones that go to the dining room?

Mr. GIBSON. Yes. For dinner the menu shows onion soup, hog head cheese, Spanish rice, celery, rolls, bread and butter, cookies, iced cocoa.

It would do you good to see what those Negroes are eating. They grow their own strawberries. I went into the dining room, and there

was a big wholesome dish of strawberries at each plate. They are getting better food than we could think of getting at all.

Mr. KEARNEY. Do they give a second serving to them, that is, more food if they want it?

Mr. GIBSON. Oh, yes. Colonel Dibble told me so. I did not see that.

The CHAIRMAN. As to the hog head cheese that you mention, the Negroes call it "souse," do they not?

Mr. GIBSON. Souse is right.

I was taken down into the mental ward, and they are doing a wonderful job in the rehabilitation of those fellows. I saw some of the happiest people in that mental ward that I have ever seen. I told Colonel Dibble that, after all, happiness is a state of mind, and if a man is crazy and happy he is in fine shape. This man had constructed what he called a Charlie McCarthy, a little dummy, and he built it himself, and it is a good job, too. The Negro had gotten to where he could very nearly throw his voice. He could pull a string and work the dummy's mouth and stick his tongue out. He would tell him what to say to the Congressman, and he would laugh. He was the happiest fellow I ever saw. He has done some rather wonderful drawings.

Mr. ALLEN. I was particularly interested in that part of your report with reference to Tuskegee. The entire report was very splendid, I think. You have made a report of very fine organizational work and the progress they are making, the contentment shown, and the lack of criticism. I am wondering if you feel that the Veterans' Administration would do well to have other all-colored hospitals.

Mr. GIBSON. Yes, sir; there is no question about that. I think I know colored people. I was raised with them. I have worked with them all my life, and I think a great deal more of them than a lot of people do who claim to be their friends. I do not think any of the white citizens are any more happy to see me on the street than are the old Negroes. They are not happy when they are thrown around white people. They are happy to themselves. That is what I say about the white nurses that attend them. They are both ill at ease, and if you mix them in hospitals together they will not be happy. They run this set-up as they want to run it.

Mr. ALLEN. I understand that some of the so-called Negro leaders are trying to break down the present segregation, what is left of it, and trying to do away with Tuskegee as an all-colored hospital, and want the patients mixed together throughout every hospital.

The CHAIRMAN. They are not friends of the Negroes or of the whites either. They are what the Negroes call shoplifters.

Mr. GIBSON. Colonel Dibble is an educated man. I found him to be a very wonderful man. He and I talked at length about the race question, and we agreed in toto throughout. He does not think they should be mixed in hospitals. He thinks they do a better job on their own. He thinks it is more elevating to the colored people and that this institution of his proves to the colored people that they do not need to mix with white people to elevate themselves.

Mr. ALLEN. Did you find a single Negro man in any hospital that complained?

Mr. GIBSON. Not at all. It was like one big happy family at Tuskegee.

Mr. ALLEN. Or at any other hospital?

Mr. GIBSON. There were not any Negroes in any hospitals except Tuskegee and Lake City.

The CHAIRMAN. I will say to the gentleman from Georgia that some of the complaints I am having with regard to the northern hospitals are that they are attempting to mix the whites and blacks in the veterans' hospitals. I am having a good deal of complaint about that. I have always advocated segregation, of course. That is the only way that the races can live together peaceably. That Negro institution at Tuskegee has been there for a long time. I knew it when Booker Washington was in charge of it. They have never had any trouble there. Yet, where they mix them together in a place like Detroit, for instance, they break out in a riot and they kill 600 and burn in 30.

Mr. GIBSON. It is a case of elevating themselves through the Negro people. Colonel Dibble understands it thoroughly.

The CHAIRMAN. There is another thing I want to say for Tuskegee and the people of Alabama. They do not like these communistic agitators coming in there and meddling with the hospitals.

Mr. GIBSON. Colonel Dibble has as little respect as you and I for them. He says they are causing the colored people more trouble than anyone else in the country.

The CHAIRMAN. They know that the white people of Alabama will back him up in that attitude.

Mr. GIBSON. That is practically a Negro community. They have that big college, and it is a beautiful institution.

Mr. CUNNINGHAM. Is there any connection between the college and the hospital? Does the hospital get any of its help from the college?

Mr. GIBSON. There is no direct connection. The thing that impressed me was when I drove in there. A State patrolman drove me over from Montgomery. He wanted to go. He is a Legionnaire. When we got into that little town we stopped to inquire, and the decency and courtesy with which they responded were very pleasant. I said I wished I could take some of these colored fellows from Washington down there and let them get a lesson.

Mr. ALLEN. Did you not also find, if you had occasion to check on it, that there was a very fine spirit between the white citizens and the colored citizens in that town?

Mr. GIBSON. I talked to them specifically for that reason, and it is most harmonious. Colonel Dibble mentioned that also.

The CHAIRMAN. Right at this point I want to call attention to one thing that occurred at one of the national conventions of the American Legion. The committee that had to do with hospital construction sat up to 2 o'clock with reference to the hospital at Tuskegee and another Negro hospital in a Southern State, and the two men that did the arguing for them were your humble servant here, and a man from South Carolina named Wilson. At that time he was a very prominent man in the American Legion. What we tried to do was to give them ample space and additional facilities they need down there to take care of their own people; and they have done a splendid job.

Mr. GIBSON. It would make anybody happy to go there and see what has been done. They have done it on their own. Dibble says:

They have done it themselves by the assistance of the white people, but not by trying to promote ourselves by insisting on social equality. We are not inter-

ested in that. We are interested in doing what we think we are competent as an individual race to do.

It will just do you good to go there and look over the place. The dietitian there is just as smart as any white dietitian. She is just as good as any of the white ones.

Mr. ALLEN. I think it is well to observe here that it is my understanding that it is the boast of the Tuskegee Institute, that great school which has turned out thousands of graduates, that not one of their graduates ever got into a jail.

Mr. GIBSON. I would not be surprised if that is the truth.

Mr. CUNNINGHAM. That is more than Yale can say.

Mr. GIBSON. It is more than the University of Georgia can say, too, I suspect.

Mr. CUNNINGHAM. Is there a medical school connected with Tuskegee Institute?

Mr. GIBSON. I am sorry, but I cannot answer that question.

Mr. CUNNINGHAM. You do not know that there is?

Mr. GIBSON. I did notice this, however. All the colored doctors I talked to were from other schools. Evidently some are probably from Tuskegee.

Mr. CUNNINGHAM. So far as you know, there is no medical school connected with the hospital where there is an internship?

Mr. GIBSON. No, sir; I am quite certain that there is not. The head doctor is a Harvard man, and very smart. I think he knows his business.

Mr. ENGLE. Do you know to what extent there is a mixing of whites and blacks in the veterans' hospitals? I have heard of them in California, and that is why I ask.

Mr. GIBSON. I told Dibble it was evident that there would have to be more accommodations for colored veterans, and I asked him whether he thought that there should be an expansion of Tuskegee or another hospital in another location, and he said it would be better to have another place, because the Tuskegee hospital was about as large as could be successfully operated.

The CHAIRMAN. Those Negro doctors are southern Negroes, are they not?

Mr. GIBSON. Yes. Dibble is a South Carolinian. I did not meet all the doctors, but I met several of them and they were all southerners.

Mr. CUNNINGHAM. You said that 95 out of 100 patients you talked to had a very good report on the hospital. The complaints you put into the record all came from the remaining five?

Mr. GIBSON. Yes. I am certain that the statement is correct, because I can remember all the complaints I had, because they were so few. I talked to one boy who had a bad leg. He is a veteran of this war. He had been in 4 or 5 months, and he thought it was the most outrageous charge he had ever heard of. He said his father and mother could not treat him any better than he had been treated. That was at the Atlanta hospital.

Mr. CUNNINGHAM. One of the worst complaints I received—and I did not put it into my report, because it was on the race question—was from a colored veteran patient. His objection was that he was placed in the same ward with white people. He wanted to be in a colored ward.

Mr. GIBSON. That is perfectly true. Northern people do not have the opportunity to know them as the Southern people do. I have picked cotton with them and played with them and I have represented them in court and I have worked with them myself since I have been grown. They are much more happy with their own people; there is no question about that.

Naturally you cannot get an environment too good for a sick man. I experienced kindness every place I went. That does me more good when I am sick than anything else.

Another thing that I thought about when I was making those inspections was this. A hospital is a place where people do not feel any too good, anyway, and I got to thinking, if I could go into the best civilian hospital in the United States, if I knew which it was, with as much authority as I had when I visited these hospitals, and could go into rooms of private patients and close the door, just how many complaints I would get. When I go home I visit friends in hospitals. I believe you would not find 50 percent without complaint, because people are not happy in hospitals. It was amazing, to me, to see the reaction of the patients. It made me feel mighty good.

Mr. CUNNINGHAM. In other words, if you go there to find something wrong and are determined to write a bad report, you can get the evidence to do it?

Mr. GIBSON. That is right.

Mr. RAMEY. As you heard me say the other day, the real thing is not the doctors and nurses, as much as the attendants. In the NP hospitals the patient needs attention. Don't you think there should be at least one attendant to every four patients? A doctor comes in and sees the patient, but he is gone in a little while. The nurse sees the patient, but she leaves and gives orders to attendants. The attendants have the pressure. They are there to carry out the slops; they look after them; they are with them all the time, whereas a doctor comes and goes and the nurse goes to her station and sees that the attendants carry out orders. Down there in the South you can get labor more easily, I suppose?

Mr. GIBSON. The situation is better than it is in the North.

Mr. RAMEY. You heard the statement about wages in Detroit—\$6,000 a year, practically, for common labor. You cannot get attendants to take \$110 to \$125 a month up there. Perhaps in your area it is different. Don't you think that eventually, after this conflict is over, we have got to have a wage-scale increase for attendants and have a career for them?

Mr. GIBSON. I suspect you are right. I found in most of the hospitals that practically all attendants are veterans of the other war.

Mr. RAMEY. Where they can get them; but in a place close to Detroit, with the high wages there, they cannot get them.

Mr. GIBSON. At Lake City there is nothing going on except farming and turpentineing, so naturally there would be more available labor. Atlanta has some industries. Tuskegee has none.

Mr. RAMEY. You can see the problem in the large industrial centers. Really the employment of attendants should be made a career. They would be assistants and "big brothers" to the veterans.

Mr. GIBSON. I think they would probably have a little more interest to start with. The great difficulty with doctors is that their pay is ridiculously low.

Mr. RAMEY. After all, the doctor is there a short time. He does work that requires great skill; and the same is true of a nurse. But the attendant has to be there constantly, and it gets monotonous. The hospitals close to large cities cannot hold attendants. They would be there 4 or 5 days and would be gone.

Mr. GIBSON. They are going where they can get the most money.

Mr. RAMEY. I think we have a problem there.

Mr. ENGLE. Did you find any military personnel acting as attendants?

Mr. GIBSON. No; not as attendants, but doctors.

Mr. ENGLE. There were no military personnel as attendants or orderlies?

Mr. GIBSON. I am certain I am correct in saying no.

Mr. KEARNEY. Concerning the military personnel that you saw in those hospitals, did you talk with any of them?

Mr. GIBSON. Yes; I did, and they are not satisfied at all.

Mr. KEARNEY. Are they happy on their jobs?

Mr. GIBSON. No. There are several reasons for it. One is that they feel, as you stated yesterday, that they entered the service to go out and do something active in the war. Another is that they have the fear of being stalemated there after the war is over.

Mr. KEARNEY. After the others have gone back to civil life?

Mr. GIBSON. Yes. It is not satisfactory with them at all; there is no question about that.

Mr. ENGLE. You refer now to doctors who have been assigned by the military to the Veterans' Administration?

Mr. GIBSON. That is right. I am sure I am right in saying that the only military personnel I saw were doctors.

Mr. DOMENGEAUX. I merely want to make this observation, that I concur entirely with the recommendations that you have made that the races be segregated in these hospitals. I had the experience of being in an Army hospital at Camp Sheldon, Miss., where there are some 40 wards. In the ward I was in half of the patients were Negroes and half were whites. It is an impossible situation, one that cannot work in peacetime.

The CHAIRMAN. That is an Army hospital?

Mr. DOMENGEAUX. Yes.

The CHAIRMAN. One of the things causing trouble, and we might as well recognize it now, is this crazy policy of wiping out segregation in all governmental employment. It has ruined the Library of Congress, almost. Take the Congressional Record and look at it, how it is messed up. Mr. Keefe called attention to it the other day. You go down town and find not only that efficiency has deteriorated, but there is bitterness and hatred stirred up that never existed when we observed strict rules of segregation a few years ago.

Mr. GIBSON. Oh, anybody that is practical on the subject knows that.

With reference to Augusta, I intended to take in Augusta and Bay Pines. Augusta is a mental hospital. I have not had any material complaint from Augusta. I had one or two from my home town who are just as crazy as they can be to complain; and their complaints may be correct or not. There is no way of knowing. The American Legion from my district did recently go to Augusta and went through it, and to me they made a good report. I had intended to visit Bay

Pines and Augusta. I think Augusta ought to be investigated at least. I have had more complaints against Bay Pines, Fla., than I have as to any other hospital in the United States. Whether the complaints are justified or not I do not know. I would have gone there, but it is in Mr. Peterson's district, and he requested that he and I both go down and hold some hearings, owing to the fact that he has so many complaints, too. We do not know whether they are justified or not. With the committee's approval, a little later he and I might go down to Augusta and Bay Pines.

The Miami American Legion wants to put in evidence. I do not know what they have, but certainly it ought to be looked into. That is the reason I did not take in those two hospitals.

Mr. McQUEEN. Mr. Chairman, I have here the release of a program calling for construction of Veterans' Administration hospitals in addition to existing facilities in 72 communities. It has been put out recently. I call particular attention to the Birmingham, Ala., area, where there is provision made for 664 beds; South Carolina, 300 additional beds; the Miami, Fla., area, 300 additional beds; northwest Florida, 313 additional beds; additions to the general existing medical and surgical hospitals at Atlanta, 125 additional beds; Memphis, 148 additional beds; neuropsychiatric hospitals in Florida, 900 additional beds; Tuskegee, Ala., 174 additional beds for women. I ask to have that inserted in the record.

The CHAIRMAN. Without objection, it is so ordered.

(The document referred to by Mr. McQueen is as follows:)

VETERANS' ADMINISTRATION

Advance release for Wednesday morning newspapers, May 30, 1945

A program calling for the construction of Veterans' Administration hospitals, or additions to existing facilities, in 72 communities throughout the country has been submitted to the Federal Board of Hospitalization by Brig. Gen. Frank T. Hines, Administrator of Veterans' Affairs.

In submitting his proposal, General Hines said the 26,772 additional beds requested will cover the requirements of the Administration through December 1947. On March 31, of this year the Administration had 67,408 hospital beds available, and approved construction programs that would supply 29,711 additional beds of all types. The completion of this program will bring the total number of hospital beds for veterans to 123,002 and will increase the domiciliary beds by 889.

This construction will not bring the accommodations for veterans up to the estimated 300,000 beds that are expected to be needed eventually. But, General Hines explained, it should put the Administration in position to care for all veterans needing hospitalization in the near future. Other construction on a large scale is not expected to be undertaken until the pressure of war has subsided and the Administration knows how many beds it will acquire through transfer from the Army and Navy.

In his accompanying memorandum to the Board of Hospitalization, General Hines said:

"The President on September 12, 1944, authorized the submission of a construction program totaling approximately 14,100 beds, so as to meet our hospital requirements through June 30, 1946, and the adoption of a program involving an additional 8,000 beds, which number had been estimated as being necessary by June 1947.

"Due to the time that elapses between the submission of a program and the accomplishment of the projects it is believed desirable that we submit at this time a revised program which will cover our requirements through December 1947. A study of the anticipated loads indicates that we will require by that time some 44,000 beds for general medical and surgical cases, 63,700 beds for

neuropsychiatric cases, and approximately 13,950 beds for tuberculous cases. On March 31 of this year we had available a total of 67,408 hospital beds, of which 7,889 were for tuberculosis cases; 40,101 for neuropsychiatric cases, and 19,418 for general medical and surgical cases. Our authorized construction program provides for 3,675 additional tuberculosis beds; 9,451 additional general medical and surgical beds, and 16,585 additional neuropsychiatric beds.

"There are attached several tabulations which show the general areas where new hospitals are proposed and the locations where present facilities should be expanded.

"This program contemplates the acquisition of 26,772 additional beds, of which 15,333 are for general medical and surgical patients; 2,413 for tuberculous patients; 8,137 for neuropsychiatric patients, and 889 for domiciliary members.

"The total number of neuropsychiatric beds to become available after completion of the construction proposed will exceed our estimated requirements in December 1947; however, the excess beds in some of the areas may not be applied to the deficiency in other areas due to the isolated location of certain of our hospitals and the transportation difficulties encountered.

"The approval of this program by the Federal Board of Hospitalization is recommended."

The following list shows the locations of the proposed hospitals and their size:

New general medical and surgical hospitals

Southern Oregon-northern California-----	150	Kentucky-----	682
Alabama (Birmingham area)---	664	Southwest Ohio-----	¹ 426
Nebraska-----	200	Miami, Fla., area-----	300
Decatur, Ill-----	391	North Carolina-----	¹ 446
Northern Indiana-----	300	Northwest Florida-----	313
New York-Massachusetts-----	450	Minnesota-----	¹ 510
Western New York-----	616	New Orleans-----	510
Kansas-----	¹ 300	California (Lower Sacramento Valley)-----	426
New Jersey-----	966	Central Mississippi-----	335
Arizona-----	¹ 200	West Virginia-----	400
Washington, D. C-----	700	San Diego area (California)---	300
Arkansas-----	200	Tennessee-----	600
South Carolina-----	300	Saratoga Springs-----	250
Pennsylvania (Philadelphia area)-----	840	Total-----	11, 775

¹ Or addition at existing hospital.

Additions to existing general medical and surgical hospitals

	<i>Beds</i>		<i>Beds</i>
Atlanta (Georgia)-----	125	Memphis (Tennessee)-----	148
Biloxi (Mississippi)-----	¹ 51	Mountain Home (Tennessee)---	287
Columbia (South Carolina)---	200	Newington (Connecticut)-----	342
Northern Ohio-----	631	Pittsburgh (Pennsylvania)-----	263
Des Moines (Iowa)-----	209	Salt Lake City (Utah)-----	62
Fort Howard (Maryland)-----	² 159	Sioux Falls (South Dakota)---	167
Huntington (West Virginia)---	147	Total-----	3, 558
Jefferson Barracks (Missouri)---	248	Total general medical and sur-	
Lincoln (Nebraska)-----	200	gical-----	15, 333
Marion, Ill-----	319		

New neuropsychiatric (second program)

	<i>Beds</i>		<i>Beds</i>
Utah-----	500	East central New York-----	800
Western Texas-----	500	Florida-----	900
Western Oklahoma-----	1, 200	Total-----	5, 100
Southeast Missouri-----	1, 200		

¹ Administration building and nonduty barracks.

² Alterations in old hospital building and erection of nurses' quarters.

Additions to existing neuropsychiatric hospitals

	<i>Beds</i>
American Lake (Washington)-----	164
Bedford (Massachusetts)-----	400
Downey (Illinois) (women)-----	174
Gulfport (Mississippi)-----	164
Lebanon (Pennsylvania)-----	1,000
Northampton (Massachusetts)-----	¹ 290
Waco (Texas)-----	328
Wadsworth (Kansas)-----	² 343
Tuskegee (Alabama) (women)-----	174
Total-----	3,037
Total neuropsychiatric-----	8,137

¹ Includes 164 tuberculosis and neuropsychiatric.² Will be secured by construction of Kansas City.*New tuberculosis hospitals (second program)*

	<i>Beds</i>
Western Maryland-----	300
Dearborn, Mich-----	300
Eastern Nebraska or western Iowa-----	300
Washington (Spokane)-----	300
Total-----	1,200

Additions to existing tuberculosis hospitals

	<i>Beds</i>
Alexandria (Louisiana)-----	250
Outwood (clinical building) (Kentucky)-----	100
Montgomery (conversion) (Alabama)-----	268
San Fernando (California)-----	300
Batavia (conversion) (New York)-----	295
Total-----	1,213
Total tuberculosis-----	2,413

Domiciliary beds for female beneficiaries

	<i>Beds</i>
Mountain Home, Tenn-----	100
Bay Pines, Fla-----	53
Dayton, Ohio-----	83
Bath, N. Y-----	100
Los Angeles, Calif-----	203
Total-----	539

Domiciliary beds for male beneficiaries

	<i>Beds</i>
Bonham, Tex-----	350

The CHAIRMAN. Let me say to the gentleman from Georgia in that connection that there is a city in Mississippi having an all-Negro hospital, and it is found in that area, like in any other area where there are enough to support a hospital, that they get along much better and more peaceably and have less disturbance than where you try to mix the two races.

Mr. GIBSON. Oh, there is no question about that.

The CHAIRMAN. The truth of the matter is that it would not be a bad idea for every one of the Southern States to have all-Negro hospitals.

Mr. GIBSON. Yes. There are a good many of them in the service.

The CHAIRMAN. If all the white hospitals gave us as little trouble as the all-Negro hospital at Tuskegee, speaking as chairman of this committee for the last 14 years and having been a member of it from the day it was organized—if all the white hospitals gave as little trouble as the Tuskegee Hospital, I should be very glad.

Mr. GIBSON. It looks like a country estate of a millionaire. They do not make the men work, but they want to work. They are out feeding the hogs, growing corn, sweetpotatoes, and strawberries. It is just a beautiful set-up; there is no question about that.

The CHAIRMAN. Is that all, Mr. Gibson?

Mr. GIBSON. Yes.

(The documents referred to and submitted by the witness are as follows:)

EXHIBIT A

REPORT RELATIVE TO COMMENTS MADE BY DR. CHARLES PRUDHOMME CONCERNING THIS HOSPITAL

Dr. Prudhomme's statement that he and 15 other doctors left "because they could not stand it any longer" is untrue. Dr. Prudhomme left after becoming disgruntled because of certain happenings which affected him.

1. About 6 months prior to Dr. Prudhomme's resignation he requested to be sent off by the Veterans' Administration to take a course in shock therapy and electroencephalography which was being offered at that time. Central office very properly, we think, took the position that one of the older men with more training and wider experience should be given this assignment. Dr. Prudhomme became infuriated, blamed the station officials for turning him down although this was not true, and began a crusade of hate against this station. In June 1943, a month before his resignation, he was admonished by his supervisor for two things: leaving the door of his office unlocked, thus making accessible to 100 incompetent patients poisonous drugs and sharp instruments which were in his office; and unreasonable tardiness in preparing a specific report of examination on one of his patients that had been requested twice by the regional office. Dr. Prudhomme's reaction to this just criticism was first boisterous and violent resentment and then precipitous resignation. He caucused with the younger men in an effort to poison their minds against the station and did what he could to make a record of all the flaws that he could find at the station.

2. Throughout Dr. Prudhomme's stay here he was interested in research problems but was not interested in the daily routine of making ward rounds, taking care of his patients and performing other routine duties. We encouraged him as much as possible and during his stay here he contributed four or five creditable articles to medical literature, but it was not possible for one of the physicians assigned to us to devote all of his time to research. Everyone has certain routine duties to do, and Dr. Prudhomme dislikes regular daily duties of any character.

Those were simply the precipitating causes for Dr. Prudhomme's departure. He is a man who must have a "gripe," who must have a crusade in order to be happy. Just prior to coming here he had engaged in a violent fight to be assigned to St. Elizabeths Hospital there in Washington. He had solicited the aid of all influential people who would listen to him in the interest of obtaining this appointment. He was finally given an appointment here, but he entered this work with the same bitterness toward the forces that kept him out of St. Elizabeths Hospital as he has now against this institution. He continued to write letters about his favorite subject and to talk about it continuously. Prior to his crusade against St. Elizabeths Hospital he was sent out to Chicago to take some special postgraduate work upon the recommendation of the dean, Dean Adams, of Howard Medical School. After remaining in Chicago for a short period and failing to make good he returned to Washington and to Dean Adams with a complaint about difficulties which he met much to the disgust and chagrin of the dean. His inability to get a recommendation from the dean thereafter has been said to have contributed to his failure to receive an appointment at St. Elizabeths Hospital.

3. Dr. Prudhomme left this station in a tantrum to accept a position at Howard University paying him one-third or less than he was earning here. This is not

true of the 15 other physicians to whom he refers. Although there were many factors, the main reason for their leaving this institution, except for those who entered active military service, was to increase their earnings. It is believed safe to say that in every instance those men all doubled or more than doubled their income by leaving; whereas Dr. Prudhomme cut his in half or worse. He is not licensed, according to information received, to practice medicine in the District of Columbia and thus is not in a position to increase his meager earnings, which contributes no doubt to his hostile attitude toward this institution and the Veterans' Administration.

There is listed below in order of separation and date all of the men who resigned from this institution between January 1941 and December 1, 1943, with a statement as to the reason in each case. In 1941 and 1942 when the young men entered service here it seemed not unlikely that all of them would be placed in active military service soon. It was the general impression that those employed by the Veterans' Administration would not be subject to active duty on the battle fields. Some few of the men entering service here had made a futile effort to get a commission in the armed forces. It might be safe to say that some of the men selected employment here in preference to induction into military service. Most of them did not come into this service as a result of choosing it for a life's work. In addition, the resignations began coming in rather rapidly after it became apparent that those resigning would not be inducted into the military service.

In addition, these men were sent here as trainees to be taught the work and later possibly to be transferred to another facility, if possible, and they continued as trainees for most of their stay here necessarily with the feeling of insecurity.

A good portion of the work here is in the field of neuropsychiatry which it was found that most of these men were not interested in or did not care for. Also, most of the men went through their medical-school training with full intentions of entering private practice rather than institutional work. They had little intention of remaining here permanently when they came.

Again private practice was more lucrative and is now more lucrative among our racial group than ever before. This fact was kept before the minds of the young physicians employed here by letters from their classmates and school-mates.

Also, these men occupied the lowest professional positions, P&S-3, paying \$3.200 annually. They were sent here as trainees and their positions were not on our table of organization. All of the authorized positions here were filled. They knew that they stood little chance of receiving a promotion except through the death or resignation of the older men holding high positions, which was an infrequent occurrence. They knew there was no opportunity for promotion by transfer.

It is clear from the above facts that the positions at this institution were not sufficiently attractive to keep this group of young men here for an indefinite period.

To summarize: They were detailed here as trainees surplus to the station's needs and hence their positions were subject to termination without notice. Their work was largely in neuropsychiatry in which as a whole they were not interested. Promotions were not available and practice of medicine offered the only opportunities for increasing their earnings. They thus left one by one as the opportunities presented themselves and after having saved enough money to make a start.

Name of physician	Date		Reason for separation
	Appointed	Separated	
Vance H. Marchbanks, Jr.	Jan. 20, 1940	Apr. 14, 1941	Active military service.
Richard A. Wilson.....	Oct. 2, 1939	June 14, 1941	Do.
Weaver O. Howard.....	Mar. 17, 1941	Sept. 21, 1941	Do.
Henry C. Bryant, Jr.	Feb. 2, 1942	Mar. 3, 1942	Do.
Frederick Douglass.....	Aug. 1, 1941	Apr. 9, 1942	Death.
Henry A. Stephens.....	Jan. 8, 1940	July 3, 1942	To enter private practice. With family of 5 found salary insufficient. Quickly developed large practice after leaving.
Dwight E. Stith.....	Aug. 1, 1941	Aug. 5, 1942	To enter private practice. With family of 5 found it difficult to live on income. Reported to have tripled his income.

Name of physician	Date		Reason for separation
	Appointed	Separated	
Reginald G. James.....	do.....	Feb. 8, 1943	With poor outlook for promotion in the near future with the Veterans' Administration, accepted position in higher grade with the Public Health Service where he is now.
Robyn J. Arrington.....	do.....	Mar. 4, 1943	To enter private practice. Interested in general practice and increasing his earnings, which he did.
Adam M. Robinson.....	Jan. 2, 1940	Apr. 5, 1943	Returned to his home after the death of a prominent physician to enter private practice. Said on leaving that he liked the work and may some day want to return.
Arthur R. Thomas.....	July 16, 1942	Apr. 7, 1943	To enter private practice at his home and presumably for personal reasons not related to the Veterans' Administration.
Charles Prudhomme.....	Jan. 3, 1939	July 3, 1943	Offended at being admonished about his work by his supervisor. Disgruntled. Left to accept job at salary of one-third of what he was earning. Only older physician leaving.
Lionel F. Swan.....	Aug. 1, 1941	July 17, 1943	Opened office in nearby southern city following the departure of a prominent physician. Immediately he commanded a very large practice, earning probably 5 times as much as he did with the Veterans' Administration. Has now a very lucrative practice.
James E. Jackson.....	Sept. 1, 1941	Aug. 14, 1943	Left to enter private practice in an Illinois town, taking over what was reported to be a \$20,000 (annual) practice of a physician called into active military service. After a very few weeks he was also called to active military service.
James L. Greene.....	Mar. 17, 1941	Aug. 20, 1943	Left to enter private practice at his home town which had recently become overrun with defense workers. Increased his income enormously without delay, and is now reported to have a very lucrative practice.
George P. Schank.....	Feb. 2, 1942	Sept. 2, 1943	To enter active military service.
David L. Chisholm.....	Feb. 24, 1942	Sept. 4, 1943	Somewhat disgruntled. Of all the men he was the most poorly prepared. Under influence of Dr. Prudhomme. Is reported to have been turned down by the Army. Said he left to enter private practice. Is reported to be doing well.
Ebden G. Roberts.....	Oct. 16, 1939	Sept. 30, 1943	Left to take practice of Dr. Jackson (mentioned above) when the latter was called into the service. Is reported to have a very large practice.
Aston B. Greaves.....	Mar. 7, 1941	Oct. 7, 1943	To accept position in venereal work in which he was interested, with the Public Health Service at the salary he was receiving here. But in addition he stated at the time he was leaving that he would practice his specialty during his off-duty hours and thus more than double his income. This he is now doing.

Dr. Prudhomme has made several statements in the press which are on the whole untrue and misleading. He states that patients at Tuskegee who have a guardian have a white man for a guardian who usually is unknown by the patient and often he is a farmer, grocer, or businessman. He blames the station, the manager, and the Veterans' Administration for improper guardianship matters to the detriment of Negro patients.

This hospital does not appoint guardians or even recommend that they be appointed. We simply present the picture of the patient's mental status as clearly as possible and express an opinion relative to his competency in which we are as liberal as possible in the patient's favor.

The manager is never the guardian as stated by Dr. Prudhomme, who says, "As long as the patient is in the hospital the hospital manager acts as guardians, but when he is well enough to leave the hospital an outside person is appointed guardian." Many patients have guardians appointed while they are in the hospital. Some are appointed before the patients come to the hospital, and these guardians function as such whether the patient is inside or outside of the hospital. In most instances when the patient is well enough to leave the hospital he doesn't then have a guardian appointed for, if such is the case, in most instances he doesn't need a guardian.

Guardians are not appointed by the Veterans' Administration but by the judges of probate or comparable officials in the various States. Dr. Prudhomme sought to create fear in the minds of relatives living in other States than Alabama that

should their sons or husbands be sent to this institution for the treatment of mental disorders, they would perhaps have a Macon County white man as their guardian. That is entirely untrue, for no resident of Macon County is appointed as a guardian for a patient in this hospital, and the Macon County probate judge has no jurisdiction unless the patient, himself, is a resident of this county. As an indication of this statement there are only about 12 Negro veterans in and out of the hospital who have Macon County, Ala., guardians. Fully half of the guardians for Negro veterans now hospitalized here are banks or trust companies which handle the funds of the patients in a very satisfactory manner. Approximately one-third of the remainder are Negroes. There are Negro guardians scattered throughout the country in many States.

EXHIBIT B

REPORT IN REFERENCE TO THE ARTICLE APPEARING IN THE MARCH 1945 ISSUE OF THE COSMOPOLITAN UPON THE SUBJECT, THIRD-RATE MEDICINE FOR FIRST-RATE MEN

This information has been submitted to the Administrator and is now being sent to you for such value as it may possess.

While the first few paragraphs of the article are devoted to general statements applying to all veterans' hospitals, the bulk of the article applies only to tuberculosis hospitals.

The author says that only three out of five patients discharged are labeled "improved," while only one out of six are labeled cured by the Veterans' Administration. At this facility the term "cured" is very rarely applied to discharged patients. Most patients admitted suffer with chronic ailments presenting acute exacerbations; and such conditions do not lend themselves to complete cure or cure without residuals. We use the term "maximal benefit" to describe these discharges.

It appears to us not unlikely that the difference in percentages of those cured or improved in veterans' hospitals as against other hospitals as pointed out by the author is in large part a difference in the use of those terms. For instance, in a city hospital a patient may be labeled as "cured" following a herniotomy; while in a veterans' hospital he might not be so labeled, the possibility of disabling sequellae of compensable degree being borne in mind. His statement that only three of five discharged patients are improved is not clear. At this facility that percentage does not obtain. If a man is discharged improved as to his nephritis, for instance, and unimproved as to his general arteriosclerosis, these conditions are so labeled even though his condition as a whole is improved. Of all the disabilities listed on all patients at discharge, the percentage of improved disabilities as against unimproved disabilities is much lower than the percentage of improved patients as against unimproved patients.

During the calendar year of 1944 there were 2.741 losses from the hospital census from all causes. Of these 0.58 percent were discharged against medical advice, 1.24 percent were discharged a. w. o. l., 7.29 percent died, 2.84 percent were transferred to other veterans' hospitals, and 88.05 percent were discharged as having received maximal benefit.

It is very rare that a patient is discharged "unimproved" for the main disability for which he is being treated unless that discharge is against medical advice. The need for further hospitalization is carefully pointed out to him. In some instances unimproved patients insist on leave of absence to attend to business matters at home. Failing to return at the expiration of the leave period, they are discharged a. w. o. l., "unimproved." Thus, while it may be true that about one-third of all disabilities with which the various patients are suffering are unimproved at discharge, it is also true that less than 2 percent of the patients are unimproved at discharge. Deaths and transfers are not included in that 2 percent.

The percentage of our losses during 1944 due to death was 7.29. Some were cases with such conditions as general paresis whose lives had been unmistakably prolonged by hospitalization and careful treatment for several years. Others were hospitalized for less than a week or a day prior to death, suffering with cardiac disease, kidney disease, etc., whose death was inevitable.

Negligence of physicians and nurses are described in the article does not apply here. Our wards housing infirmed cases have the largest supply of physicians and nurses per capita of patients. The physicians on our staff are conscientious and capable in our opinion and not cynical, incompetent, and hostile to "every modern advance in medicine." Every effort is made to serve hot food to our patients and in sufficient quantities. We send food to the wards in electrically heated carts. We build trays for the bed patients and place them in electrically heated tray conveyors. The trays are served on the wards directly from the conveyors to the patients—hot. The vast majority of our patients are happy and have a good word to say about the hospital when leaving.

With reference to our tuberculosis unit, we hospitalized permanently only the tuberculosis patients having an associated mental disorder. We frequently find pulmonary tuberculosis in patients without mental disorders who are admitted here for treatment. These patients are placed immediately on the TB ward, where a careful examination is made. Indicated treatment also is immediately instituted. When the diagnosis is definitely established the patient is transferred to the Veterans' Hospital, Oteen, N. C., for further treatment. The census of the TB ward fluctuates between 10 and 20, there being 14 patients on that ward at the present time.

During the past 15 months we have had only one case of pulmonary tuberculosis with pleural effusion in sufficient quantity to create the need for removal of the fluid from the chest. In this case the fluid was removed when the pressure on the mediastinal viscera became sufficient to cause symptoms. It is our belief that the mere presence of a small amount of fluid in the chest in tuberculous pleural effusion is not of itself an indication for removal, but that when that fluid begins to cause distress and respiratory difficulty, it should be removed. That is what was done in this case.

All of our patients are examined within the first 24 hours after admission. Our tuberculosis patients are again examined by a board of three when laboratory and other supporting data have been procured for final diagnosis. As indicated above, our tuberculosis unit is quite small. We admit cases in all stages of the disease so that careful examination is required and made by the board in every instance. Our patients all must be and are examined at least once every 2 months thereafter.

With reference to the transfer of tuberculosis patients from this hospital to the Oteen, N. C., Hospital, the receiving hospital has in every instance had full knowledge of the anticipated arrival and the exact hour of arrival. Full clinical records are sent with the patient along with all X-ray films taken on the case. The patients are conveyed to the station here at Tuskegee in an ambulance and on stretchers when indicated and even though these stretcher patients are able to walk, they are taken up into the railroad car on the litter when the clinical conditions warrant. Ambulant patients are carried to the station by automobile and are allowed to enter the railroad car on their own power. Adequate attendants are always furnished in the transfer of these patients. A nurse or physician is sent with the party when necessary. The patients are not allowed to handle their own baggage. Railroad accommodations are always excellent. As a rule, four or more patients with the attendants are given an entire pullman car. These tuberculous patients are never permitted to travel even part of the way by day coach. They must have pullman reservations, drawing room, or car for the entire trip. They are always met at the station by the Oteen facility by ambulance or car, as requested by this station.

From January 1, 1944, to the present 13 patients out of 82 hospitalized became arrested. Eight of these were transferred to wards for further treatment of their NP disabilities, and five were sent home. We are unable to state the percentage of patients transferred to Oteen have subsequently reached arrest. Thus 15.85 percent of the patients treated during the period mentioned were discharged from the TB unit because of arrest of the disease; and an undetermined number have no doubt reached a stage of arrest at Oteen since being transferred. It must also be borne in mind that several of our NP-TB patients are noncooperative in their treatment because of their mental disorder. Also, our percentage is as low as it is because a rather high percentage of our patients are in far advanced stage on admission. Alabama is now making a vigorous effort to combat tuberculosis; yet, it is not believed that this State searches

out the cases of pulmonary tuberculosis and demands their hospitalization to the same degree that New York State does. In addition, the educational level of our prospective patients does not compare favorably with that to be found among the average citizens in New York. The poorly educated and ill-informed are apt to remain out of the hospital until the far-advanced or terminal stage is reached. The economic status is also a considerable factor in this connection.

In connection with the death rate, the factors mentioned above played an important part in increasing our rate very materially. In the 15 months covered by our analysis, there were 23 deaths or 28.04 percent. Of the 23 patients who died 21 remained in the hospital for less than 3 months; 7 for less than a month and 4 for less than a week. These patients were practically terminal cases on admission, that is, they had remained out of the hospital without treatment so long that chance for recovery had been lost.

The overcrowding referred to in the article does not apply at this hospital, for we have had no discharges against medical advice or a. w. o. l. on this account. Ten of eighty-two cases received irregular discharges during the 15 months. Eight of the ten left against medical advice, and two were discharged a. w. o. l. for failing to return after being granted leave to attend to important business matters at home. Three of the ten returned for further treatment after remaining out for 83, 30, and 11 days, respectively.

The actual reason for leaving the hospital against medical advice has most frequently been the disinclination to accept transfer to the Oteen, N. C., Hospital. Oteen is quite some distance from the homes of most of these veterans, and it often takes considerable persuasion to get them to accept transfer. The reason most frequently given by the patients is "to attend to personal business at home" which they insist cannot be taken care of by the local social agencies. Our policy has been not to grant leaves of absence in active cases particularly if the sputum is positive. Some men leave against medical advice because their monetary benefits are reduced during hospitalization. While some of them claim actual dependents, they are unable to establish to the satisfaction of the Veterans' Administration the dependency status of their dependents. We have not had anyone to leave the hospital because of dissatisfaction with treatment, neglect, insufficient or improperly prepared food, or other similar reasons.

The number of patients receiving operations for tuberculosis such as artificial pneumothorax and surgical removal of pleural effusion was six.

The total pneumothorax inductions during this period was 36. The number of patients receiving surgical treatments, including pneumothorax treatments, were in percentage 7.3 percent.

This small percentage represents those cases where compression measures are indicated. A larger percentage of general cases of tuberculosis are so far advanced in their disease with involvement of both lungs so as to make them medically unfeasible for any other measures of treatment except those of bed rest and general medical care.

This facility has the personnel and equipment to perform any measure of surgery treatment except those of major chest surgery, which cases when encountered are transferred to the chest center of this area.

The statements made about the canteen concessionnaires do not apply at this station. The concessionnaire has assured that he charges only 10 cents for cashing checks for patients irrespective of the amount of check. He pointed out that it is necessary for him to incur certain expenses in rendering this service through the banks in the town of Tuskegee. The manager appointed a committee to test the prices of merchandise sold in the canteen a few months ago and found them satisfactory.

Our tuberculosis patients get more than sufficient good hot food. An analysis of a random meal shows the following constituents:

	Grams
Carbohydrates.....	417.62
Poteins.....	99.48
Fat.....	148.08
Iodine.....	.04124
Calcium.....	.823721
Phosphorus.....	1.58096

In addition they are given between-meal nourishment.

Report showing ratio of certain groups of employees to patients

	Chart positions	Positions filled	Patient ratio
Physicians.....		33	1 to 53.
Nurses, graduate.....	99	76	1 to 23.
Senior cadet nurses.....		34	1 to 51.
Affiliate student nurses.....		14	
Attendants (hospital group).....	342	299	1 to 5.85.
Social workers.....	4	2	

There are 23 unfilled nursing positions (graduate nurses) which it is believed we shall be able to fill in the near future. There are 43 unfilled attendant positions which we are now rapidly filling. We expect the assignment of 4 or 5 more physicians from the Army.

This hospital has 1,284 beds for neuropsychiatric patients (standard capacity) and 446 for general medical and surgical patients.

EXHIBIT C

Daily routine and special diet menus, Tuskegee, Ala.

BREAKFAST, APR. 8, 1945

Regular	Light and special light	Soft, mechanical	Soft, surgical; bland, medical-surgical	High-caloric TB: high-vitamin	Liquid and semi-solid	Nephritic	Anemic
Canned grapefruit. Sausage. Grits. Toast, butter. Coffee, cream. Milk.	Grapefruit. Bacon. Grits. Toast, butter. Coffee, cream. Milk.	Grapefruit. Minced sausage. Grits. Toast, butter. Coffee, cream. Milk.	Grapefruit. Cereal, gruel. Eggs. Toast, butter. Coffee, cream. Milk. Cream (medical-surgical).	Grapefruit. Sausage. Grits. Toast, butter. Coffee, cream. Top milk.	Grapefruit. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Grapefruit. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Grapefruit. Grits. Eggs with minced liver. Toast, butter. Coffee, cream. Top milk.

DINNER, APR. 8, 1945

Tomato soup. Roast lamb. Green peas. Mashed sweetpotatoes. Beet and egg salad with french dressing. Rolls, butter. Maple-nut ice cream. Coffee.	Tomato soup. Roast lamb. Green peas. Mashed potatoes. Beet and egg salad. Rolls, butter. Ice cream. Milk.	Tomato soup. Minced lamb. Green peas. Mashed sweetpotatoes. Bread, butter. Ice cream. Milk.	Broth. Minced lamb. Pureed green peas. Mashed white potatoes. Bread, butter. Toast (medical-surgical). Vanilla ice cream. Milk. Cream (medical-surgical).	Tomato soup. Roast lamb. Green peas. Mashed sweetpotatoes. Beet and egg salad. Rolls, butter. Maple-nut ice cream. Top milk.	Tomato soup. Roast lamb. Green peas. Mashed white potatoes. Beet and egg salad. Bread, butter. Ice cream. Milk.	Cream tomato soup. Roast lamb. Green peas. Mashed potatoes. Beet and egg salad. Bread, butter. Ice cream. Milk.	Tomato soup. Rare steak. Green peas. Mashed sweetpotatoes. Beet and egg salad. Rolls, butter. Maple-nut ice cream. Top milk.
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SUPPER, APR. 8, 1945

Onion soup. Hogshead cheese. Spanish rice. Celery, rolls. Bread, butter. Cookies. Iced cocoa.	Onion soup. Cheese souffle. Spanish rice. Celery, pickles. Bread, butter. Cookies. Cocoa.	Onion soup. Cheese souffle. Spanish rice. Pureed carrot. Bread, butter. Cookies. Cocoa.	Celery soup. Cheese souffle. Buttered rice. Pureed carrot. Bread, butter. Toast (medical-surgical). Jell-O. Cocoa.	Onion soup. Hogshead cheese. Buttered rice. Carrots. Bread, butter. Cookies. Cocoa.	Celery soup. Cheese souffle. Buttered rice. Carrots. Bread, butter. Cookies. Cocoa.	Celery soup. Cheese souffle. Buttered rice. Carrots. Bread, butter. Cookies. Cocoa.	Onion soup. Cheese souffle with minced kidneys. Spanish rice. Carrots. Bread, butter. Jell-O with cream. Cocoa.
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Cream (medical-surgical).

BREAKFAST, APR. 10, 1945

Oranges. Cornflakes. Bacon. Jam. Toast, butter. Coffee, cream. Milk.	Oranges. Cornflakes. Bacon. Jam. Toast, butter. Coffee, cream. Milk.	Fruit juice. Cornflakes. Eggs with minced bacon. Jam. Toast, butter. Coffee, cream. Milk.	Orange juice. Cereal, gruel. Eggs. Toast, butter. Coffee, cream. Milk. Cream (medical-surgical).	Oranges. Cornflakes. Bacon and eggs. Jam. Toast, butter. Coffee, cream. Top milk.	Oranges. Cornflakes. Eggs. Toast, butter. Coffee, cream. Milk.	Oranges. Cornflakes. Eggs. Toast, butter. Coffee, cream. Milk.	Oranges. Cornflakes. Eggs with minced liver. Toast, butter. Coffee, cream. Milk.
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DINNER, APR. 10, 1945

Split pea soup. Boiled ham. Parsleyed potatoes. Fresh onions. Cabbage. Corn bread, butter. Fruit cup. Cup cakes. Milk.	Split pea soup. Baked ham. Parsleyed potatoes. Cabbage. Fresh onions. Corn bread, butter. Fruit cup. Cup cakes. Milk.	Split pea soup. Minced ham. Mashed potatoes. Pureed cabbage. Bread, butter. Pureed fruit cup. Cup cakes. Milk.	Cream pea soup. Minced lamb. Mashed potatoes. Asparagus. Bread, butter. Toast (medical-surgical). Pears. Milk. Cream (medical-surgical).	Split pea soup. Broiled ham. Parsleyed potatoes. Cabbage. Corn bread, butter. Fruit cup. Cup cakes. Top milk.	Cream pea soup. Lamb chops. Parsleyed potatoes. Asparagus. Bread, butter. Fruit cup. Cup cakes. Milk.	Cream pea soup. Lamb chops. Parsleyed potatoes. Asparagus. Bread, butter. Fruit cup. Cup cakes. Milk.	Split pea soup. Lamb kidney chop. Parsleyed potatoes. Cabbage. Fresh onions. Corn bread, butter. Fruit cup. Cup cakes. Top milk.
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SUPPER, APR. 10, 1945

Chop suey. Rice. String beans. Raisin and white bread, butter. Chocolate custard. Iced tea.	Soup. Meat loaf. Rice. String beans. Raisin and white bread, butter. Chocolate custard. Milk.	Soup. Minced meat. Rice. Pureed string beans. Raisin and white bread, butter. Chocolate custard. Milk.	Broth. Creamed salmon on toast. Rice. Pureed string beans. Bread, butter. Toast (medical-surgical). Chocolate custard. Milk. Cream (medical-surgical).	Soup. Chop milk. Rice. String beans. Raisin and white bread, butter. Chocolate custard. Top milk.	Soup. Smothered salmon. Rice. String beans. Raisin and white bread, butter. Chocolate custard. Milk.	Soup. Baked rice with cheese. String beans. Lettuce salad. Raisin and white bread, butter. Chocolate custard. Milk.	Soup. Rare scraped beef. Rice. String beans. Raisin and white bread, butter. Chocolate custard. Top milk.
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EXHIBIT C—Continued

Daily routine and special diet menus, Tuskegee, Ala.—Continued

BREAKFAST, APR. 12, 1945

Regular	Light and special light	Soft, mechanical	Soft, surgical: bland, medical-surgical	High-caloric TB: high-vitamin	Liquid and semi-solid	Nephritic	Anemic
Grapefruit. Cornflakes. Grits. Buttered salt mackerel. Toast, butter. Jam. Coffee, cream, milk. Soup.	Grapefruit. Cornflakes. Grits. Buttered salt mackerel. Toast, butter. Jam. Coffee, cream. Milk.	Fruit juice. Cornflakes. Grits. Eggs. Toast, butter. Jam. Coffee, cream. Milk.	Grapefruit juice. Cereal, gruel. Eggs. Toast, butter. Coffee, cream. Milk. Cream (medical-surgical).	Grapefruit. Cornflakes. Grits. Salt mackerel. Toast, butter. Coffee, cream. Top milk.	Grapefruit. Cornflakes. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Grapefruit. Cornflakes. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Grapefruit. Cornflakes. Grits. Eggs with minced liver. Toast, butter. Coffee, cream. Top milk.

DINNER, APR. 12, 1945

Lamb stew with vegetables. Head lettuce with Thousand Island dressing. Bread, butter. Butterscotch pie. Iced tea with lemon.	Soup. Lamb stew with vegetables. Scalloped corn. Head lettuce with Thousand Island dressing. Butterscotch pie. Milk.	Soup. Minced lamb. Scalloped corn. Pureed beets. Bread, butter. Butterscotch custard. Milk.	Celery soup. Minced lamb. Rice. Pureed beets. Bread, butter. Toast (medical-surgical). Butterscotch custard. Milk. Cream (medical-surgical).	Soup. Lamb stew with vegetables. Scalloped corn. Head lettuce with Thousand Island dressing. Bread, butter. Butterscotch pie. Top milk.	Soup. Broiled lamb. Rice. Beets. Head lettuce with Thousand Island dressing. Bread, butter. Butterscotch custard. Milk.	Soup. Broiled lamb. Rice. Beets. Lettuce with Thousand Island Dressing. Bread, butter. Butterscotch custard. Milk.	Soup. Rare steak with onions. Scalloped corn. Head lettuce with Thousand Island dressing. Bread, butter. Butterscotch pie. Top milk.
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SUPPER, APR. 12, 1945

Tomato soup. Braized Bologna. Mashed sweetpotatoes. Vegetable salad. Bread, butter.	Tomato soup. Cold sliced tongue. Mashed sweetpotatoes. Vegetable salad. Bread, butter.	Tomato soup. Minced meat. Mashed sweetpotatoes. Chopped vegetable salad.	Broth. Minced veal. Mashed white potatoes. Pureed carrots. Bread, butter.	Tomato soup. Cold sliced tongue. Mashed sweetpotatoes. Vegetable salad. Bread, butter.	Tomato soup. Broiled veal. Mashed white potatoes. Fresh tomatoes. Bread, butter.	Tomato soup. Scalloped potatoes. Tomato salad. Fresh peas. Bread, butter. Fresh strawberries.	Tomato soup. Broiled liver. Mashed sweetpotatoes. Tomato salad. Bread, butter.
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Apple butter. Milk.	Fresh strawberries. Milk.	Bread, butter. Apple butter. Milk.	Applesauce. Milk. Cream (medical-surgical).	Fresh strawberries with cream. Top milk.	Fresh strawberries. Milk.	Milk.	Fresh strawberries with cream. Top milk.
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BREAKFAST, APR. 13, 1945

Stewed apricots. Cornflakes. Eggs. Toast, butter. Coffee, cream. Milk.	Apricots. Cornflakes. Grits. Toast, butter. Coffee, cream. Milk.	Apricots. Cornflakes. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Fruit juice. Cereal gruel. Eggs. Toast, butter. Milk. Cream (medical-surgical).	Apricots. Cornflakes. Grits. Eggs, bacon. Coffee, cream. Coffee, cream. Top milk.	Apricots. Cornflakes. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Apricots. Cornflakes. Grits. Eggs. Toast, butter. Coffee, cream. Milk.	Apricots. Cornflakes. Grits. Eggs, with minced kidney. Toast, butter. Coffee, cream. Top milk.
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DINNER, APR. 13, 1945

Vegetable soup. Spinach. Mackerel. Mashed potatoes. Peas and carrots. Raw vegetable salad. Corn bread. Butter. Apple brown betty. Iced tea with lemon.	Vegetable soup. Broiled fish. Mashed potatoes. Peas and carrots. Corn bread. Butter. Apple brown betty. Milk.	Vegetable soup. Mashed potatoes. Peas and carrots. Bread, butter. Apple brown betty. Milk.	Broth. Broiled fish. Mashed potatoes. Pureed peas. Bread, butter. Toast (medical-surgical). Apple sauce. Milk. Cream (medical-surgical).	Vegetable soup. Spanish mackerel. Mashed potatoes. Peas and carrots. Raw vegetable salad. Corn bread. Butter. Apple brown betty. Top milk.	Vegetable soup. Broiled fish. Mashed potatoes. Peas and carrots. Bread, butter. Apple brown betty. Milk.	Vegetable soup. Broiled fish. Mashed potatoes. Peas and carrots. Beet greens. Bread, butter. Apple brown betty. Milk.	Vegetable soup. Spanish mackerel. Mashed potatoes. Peas and carrots. Raw vegetable salad. Corn bread, butter. Apple brown betty. Top milk.
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SUPPER, APR. 13, 1945

Spinach soup. Italian spaghetti with meat balls. Mexican slaw. Bread, butter. Plums. Milk.	Spinach soup. Italian spaghetti with meat balls. Mexican cole slaw. Bread, butter. Plums. Milk.	Spinach soup. Italian spaghetti with meat balls. Chopped slaw. Bread, butter. Plums. Milk.	Spinach soup. Cheese soufflé. Buttered spaghetti. Bread, butter. Toast (medical-surgical). Custard. Milk. Cream (medical-surgical).	Spinach soup. Italian spaghetti with meat balls. Mexican cole slaw. Bread, butter. Plums. Milk.	Spinach soup. Baked spaghetti with cheese. Vegetable salad (no onions or cabbage). Bread, butter. Plums. Milk.	Spinach soup. Baked spaghetti with cheese. Vegetable salad (no onions or cabbage). Bread, butter. Plums. Milk.	Spinach soup. Italian spaghetti with minced liver. Mexican slaw (cole). Beet greens. Bread, butter. Plums. Top milk.
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EXHIBIT C—Continued

Daily routine and special diet menus, Tuskegee, Ala.—Continued

BREAKFAST, APR. 14, 1945

Regular	Light and special light	Soft, mechanical	Soft, surgical; bland, medical-surgical	High-calorie TB: high-vitamin	Liquid and semi-solid	Nephritic	Anemic
Oatmeal with raisins. Pancakes. Bacon. Sirup, butter. Coffee, cream. Milk.	Oatmeal with raisins. Bacon. Toast, butter. Coffee, cream. Milk.	Oatmeal with raisins. Eggs with minced bacon. Toast, butter. Coffee, cream. Milk.	Fruit juice. Oatmeal. Gruel. Eggs. Toast, butter. Coffee, cream. Milk. Cream (medical-surgical).	Oatmeal with raisins. Pancakes. Bacon. Sirup, butter. Coffee, cream. Top milk.	Oatmeal with raisins. Eggs. Toast, butter. Coffee, cream. Milk.	Oatmeal with raisins. Eggs. Toast, butter. Coffee, cream. Milk.	Oatmeal with raisins. Eggs with minced kidneys. Pancakes. Sirup, butter. Coffee, cream. Top milk.

DINNER, APR. 14, 1945

Vegetable soup. Roast beef. Baked macaroni. Green beans. Celery, pickles. Bread, butter. Gingerbread. Sauce. Coffee, cream.	Vegetable soup. Roast beef. Baked macaroni. Green beans. Celery, pickles. Bread, butter. Gingerbread. Sauce. Milk.	Vegetable soup. Minced beef. Baked macaroni. Pureed green beans. Bread, butter. Gingerbread. Sauce. Milk.	Broth. Minced veal. Buttered macaroni. Pureed string beans. Bread, butter. Toast (medical-surgical). Jello with sauce. Milk. Cream (medical-surgical).	Vegetable soup. Baked macaroni. Green beans. Bread, butter. Gingerbread. Sauce. Top milk.	Vegetable soup. Veal chops. Baked macaroni. Green beans. Bread, butter. Jello with sauce. Milk.	Vegetable soup. Baked macaroni. Green beans. Sliced tomatoes. Salad. Bread, butter. Jello with sauce. Milk.	Vegetable soup. Rare roast beef. Baked macaroni. Green beans. Tomato salad. Bread, butter. Gingerbread. Sauce. Top milk.
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SUPPER, APR. 14, 1945

Onion soup. Hog head cheese. Macedoine salad. Sour pickles. Bread, butter. Canned pears. Iced cocoa.	Onion soup. Giblet stew. Rice. Macedoine salad. Sour pickles. Bread, butter. Pears. Iced cocoa.	Onion soup. Minced meat. Rice. Pureed beets. Bread, butter. Pears. Iced cocoa.	Celery soup. Minced giblets. Rice. Pureed beets. Bread, butter. Toast (medical-surgical). Pears. Iced cocoa.	Onion soup. Giblet stew. Rice. Macedoine salad. Sour pickles. Bread, butter. Pears. Iced cocoa.	Celery soup. Giblet stew. Rice. Macedoine salad (no lima beans). Bread, butter. Pears. Iced cocoa.	Celery soup. Escalloped eggplant. Rice. Macedoine salad (no lima beans). Bread, butter. Pears. Iced cocoa.	Onion soup. Giblet stew. Rice. Macedoine salad. Bread, butter. Pears. Iced cocoa.
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Cream (medical-surgical).

BREAKFAST APR. 15, 1945

Oranges. Cornflakes. Sausage, grits. Toast, butter. Jam. Coffee, cream. Milk.	Oranges. Cornflakes. Bacon. Grits. Toast, butter. Jam. Coffee, cream. Milk.	Fruit juice. Cornflakes. Minced sausage. Grits. Toast, butter. Coffee, cream. Milk.	Orange juice. Cereal, gruel. Eggs. Toast, butter. Coffee, cream. Milk. Cream (medical-surgical).	Oranges. Cornflakes. Sausage. Grits. Toast, butter. Jam. Coffee, cream. Top milk.	Oranges. Cornflakes. Eggs, grits. Toast, butter. Coffee, cream. Milk.	Oranges. Cornflakes. Eggs, grits. Toast, butter. Coffee, cream. Milk.	Oranges. Cornflakes. Eggs with minced liver. Toast, butter. Coffee, cream. Top milk.
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DINNER, APR. 15, 1945

Cream of celery soup. Fried chicken. Candied yams. Spinach. Lettuce. Rolls, butter. Ice cream. Coffee, cream.	Cream of celery soup. Broiled chicken. Candied yams. Spinach. Waldorf salad. Rolls, butter. Ice cream. Milk.	Cream of celery soup. Minced chicken. Mashed sweetpotatoes. Pureed spinach. Bread, butter. Ice cream. Milk.	Cream of celery soup. Minced chicken. Mashed white potatoes. Pureed spinach. Bread, butter. Toast (medical-surgical). Vanilla ice cream. Milk. Cream (medical-surgical).	Cream of celery soup. Fried chicken. Candied yams. Spinach. Waldorf salad. Rolls, butter. Ice cream. Top milk.	Cream of celery soup. Broiled chicken. Mashed white potatoes. Spinach. Bread, butter. Ice cream. Milk.	Cream of celery soup. Broiled chicken. Mashed white potatoes. Spinach. Bread, butter. Ice cream. Milk.	Cream of celery soup. Fried chicken with giblet gravy. Candied yams. Spinach. Waldorf salad. Rolls, butter. Ice cream. Top milk.
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SUPPER, APR. 15, 1945

Chicken soup. Cold sliced beef. French-fried potatoes. Celery and carrot strips. Bread, butter. Marble cake. Fruit punch.	Chicken soup. Cold sliced beef. Mashed potatoes. Celery and carrot strips. Bread, butter. Marble cake. Fruit punch.	Chicken soup. Minced meat. Mashed potatoes. Pureed carrots. Bread, butter. Marble cake. Fruit punch.	Chicken soup. Creamed eggs on toast. Mashed potatoes. Pureed carrots. Bread, butter. Toast (medical-surgical). Jell-O. Milk. Cream (medical-surgical).	Chicken soup. Cold sliced beef. French-fried potatoes. Celery and carrot strips. Bread, butter. Marble cake. Fruit punch.	Chicken soup. Stuffed egg salad. Mashed potatoes. Celery and carrot strips. Bread, butter. Jell-O. Fruit punch.	Chicken soup. Stuffed egg salad. Mashed white potatoes. Celery and carrot strips. Bread, butter. Jell-O. Fruit punch.	Chicken soup. Rare scraped beef. French-fried potatoes. Celery and carrot strips. Bread, butter. Marble cake. Fruit punch.
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EXHIBIT C—Continued
Daily routine and special diet menus, Tuskegee, Ala.—Continued

BREAKFAST, APR. 16, 1945

Regular	Light and special light	Soft, mechanical	Soft, surgical; bland, medical-surgical	High-caloric T.B.; high-vitamin	Liquid and semi-solid	Nephritic	Anemic
Baked apples. Corn flakes. Bacon. Grits. Toast, butter. Coffee, cream. Milk.	Baked apples. Corn flakes. Bacon. Grits. Toast, butter. Coffee, cream. Milk.	Baked apples. Corn flakes. Eggs minced bacon. Grits. Toast, butter. Coffee, cream. Milk.	Apple sauce. Corn meal. Eggs. Toast, butter. Coffee, cream. Milk. Cream (medical-surgical).	Baked apples. Corn flakes. Eggs, bacon. Grits. Toast, butter. Coffee, cream. Top milk.	Baked apples. Corn flakes. Eggs, grits. Toast, butter. Coffee, cream. Milk.	Baked apples. Corn flakes. Egg, grits. Toast, butter. Coffee, cream. Milk.	Baked apples. Bran flakes. Grits. Eggs with minced liver. Toast, butter. Coffee with cream. Top milk.

DINNER, APR. 16, 1945

Regular	Light and special light	Soft, mechanical	Soft, surgical; bland, medical-surgical	High-caloric T.B.; high-vitamin	Liquid and semi-solid	Nephritic	Anemic
Vegetable soup. Broiled chops (country style). Mashed potatoes. Seasoned peas and carrots. Bread, butter. Chocolate pie with cream. Hot coffee, cream.	Vegetable soup. Broiled chops (no pork). Mashed potatoes. Peas, carrots. Bread, butter. Chocolate pie with whipped cream. Milk.	Vegetable soup. Minced meat. Mashed potatoes. Peas, carrots. Bread, butter. Chocolate custard. Milk.	Chicken soup. Minced veal. Mashed potatoes. Pureed peas. Bread, butter. Toast (medical-surgical). Chocolate custard. Milk. Cream (medical-surgical).	Vegetable soup. Broiled chops (country style). Mashed potatoes. Peas, carrots. Bread, butter. Chocolate pie with whipped cream. Top milk.	Vegetable soup. Broiled chops. Mashed potatoes. Peas, carrots. Bread, butter. Chocolate custard. Milk.	Vegetable soup. Lamb chops. Mashed potatoes. Peas and carrots. Bread, butter. Chocolate custard. Milk.	Vegetable soup. Veal chop with kidney. Mashed potatoes. Peas with carrots. Bread, butter. Chocolate pie with whipped cream. Top milk.

SUPPER, APR. 16, 1945

Regular	Light and special light	Soft, mechanical	Soft, surgical; bland, medical-surgical	High-caloric T.B.; high-vitamin	Liquid and semi-solid	Nephritic	Anemic
Cream of spinach soup. Creole franks. Buttered noodles. Asparagus salad with french dressing. Bread, butter. Peas. Milk.	Cream of spinach soup. Baked noodles with ground meat. Asparagus salad. Bread, butter. Peas. Milk.	Cream of spinach soup. Baked noodles with ground meat. Asparagus salad. Bread, butter. Peas. Milk.	Cream of spinach soup. Baked noodles with cheese. Buttered asparagus. Bread, butter. Peas. Milk. Cream (medical-surgical).	Cream of spinach soup. Creole franks. Buttered noodles. Asparagus salad. Bread, butter. Peas. Top milk.	Cream of spinach soup. Baked noodles with cheese. Asparagus salad. Bread, butter. Peas with milk.	Cream of spinach soup. Baked noodles with cheese. Asparagus salad. Bread, butter. Peas. Milk.	Cream of spinach soup. Rare steak. Buttered noodles. Asparagus salad. Bread, butter. Top milk.

Submitted by:

Approved:

C. L. HORNE,
Chief Dietitian.

_____,

_____, *Manager.*

_____, M. D.,

Chief Medical Officer.

Medical personnel

APRIL 13, 1945.

Designation:	Number
Clinical director.....	1
Chief, surgical service.....	1
Senior medical officer.....	3
Medical officer.....	5
Associate medical officers.....	2
Chief nurse.....	1
Head nurse.....	3
Nurse.....	26

EXHIBIT D

LAKE CITY, FLA., March 16, 1945.

Personal and confidential.

FRANK T. HINES,

*Administrator, Veterans' Administration,**Washington 25, D. C.*

DEAR SIR: In reply to your communication received at this facility March 10, 1945, concerning a recent article appearing on page 35 of the March issue of the *Cosmopolitan* entitled "Third-rate Medicine for First-rate Men," and in compliance with your request contained therein the records of this facility for the calendar year 1944 have been studied and pertinent data relative to the criticisms offered, follow. The criticisms have been numbered in the order of their occurrence in the article and comment thereon is arranged accordingly.

1. "Only 3 out of 5 complete their hospitalization and win even the label of 'improved.'"

Our records show that 89.36 per 1,000 cases discharged receive disciplinary discharges against 400 per 1,000 (3 out of 5) as claimed in the article. The majority of discharges against medical advice concerns some phase of the care of families, emergent business, or care of crops. When indicated leaves of absence are offered and declined. Very few reasons concern dissatisfaction with hospital treatment or conditions.

2. "The rest die or are discharged as 'unimproved,' or run away to enter other hospitals or to suffer and die quietly at home!"

This is not true concerning this hospital as records indicate, of the total discharges of 2,887, 2,629 remained for completion of treatment and were discharged either by death (157) or by reason of having attained maximum hospital benefit.

3. "The death rates are actually far higher, the 'cure' rates far lower, and conditions far, far worse than any cold statistics can ever indicate."

The death rate for the calendar year 1944, based upon those who were discharged as having completed treatment and exclusive of disciplinary discharges, is 5.97 per 1,000. It must be borne in mind that our cases include every age group from 20 to 80 and represents almost every type of disease which may be encountered in a general medical and surgical hospital. By far the greater number represents veterans of World War I and previous wars, which normally places them beyond the middle-age group (exhibit No. 1).

4. "I have found doctors so overloaded that they could give the average patient only 7 minutes' attention a week. Not 7 minutes a day, mind you—7 minutes a week!"

Our records indicate that the ratio of filled positions to the average bed occupancy for 1944 was 1 doctor to each 19 cases, 1 nurse to each 8.50 cases, one hospital attendant to 6.25 cases, 1 mess attendant to 8.25 cases, and dietitians, 1 to 115.5 cases. Compiling available time of doctors which can be devoted to patients, our largest single service has been selected; namely, the acute medical ward with an average bed occupancy of 50 cases. One physician is assigned to this service and analysis of the time element indicates he has a minimum of 10 minutes per day to devote to each patient. In that not all patients of this service require this much time per day, it is indicated that a greater percentage of his time is available to devote to the seriously and critically ill. On our other services having less average occupancy of beds, this basic time element is much increased.

5. "I have found nurses so negligent that they did not even bother to wash their hands after examining one patient with a contagious disease and before turning to another."

Occasional negligence cannot be obviated, however, no records of negligence exist at this facility. We have a regularly established course of instruction which is given to nurses. They are well qualified as a group and have sufficient time to devote to each patient. As stated this group ratio is 8.50 per nurse.

6. "I have found many doctors who could hold no position in any well-run hospital; cynical men who joked to me about their patient's miseries; incompetent men who rejected, offhand, every modern advance in medicine."

These accusations are obviously untrue as applied to all hospitals of our service. The requirements for qualification under civil service are well known and men of the type described would not be tolerated long in any of our hospitals.

7. "I have seen desperately sick veterans served food so cold that it would be indignantly rejected in the worst Bowery flophouse."

This facility is equipped with a modern kitchen, modern preheated food conveyors, and modern preheated tray carts. This equipment, and dishes, are thoroughly heated before loading begins and heating is continued after arrival on the ward service. Two main modern ward diet kitchens are maintained, from which final food service, by tray from heated tray carts, is completed. Very occasionally a complaint will be received concerning cold food and has always been due to some then unavoidable circumstance.

The food quality, quantity, and service at this hospital has been the subject of many complimentary remarks by both patients, service organization officials and civilians.

Your attention is respectfully invited to the enclosed copy of a typical menu for the current week. You are further advised that the food cost per diem for the calendar year 1944 was .475 (exhibit No. 2).

8. "And I have seen these same veterans charged unconscionably high prices by racketeering concessionaires."

At this facility the concessionaire is directly under the control of the administrative officers. No instance can be found where the concessionaire has violated price ceilings or in which standard retail prices have been exceeded. The concessionaire cashes checks for both patients and personnel and by special arrangement with the local banks he charge 10 cent as a service charge for each check cashed regardless of amount. This charge must in turn be paid by the concessionaire to the bank which handles the checks, in accordance with State law.

9. "I have seen men denied surgery they needed, denied modern treatments that could have cured them—and even sneered at by officials for presuming to ask for these things."

In this connection your attention is invited to the enclosed schedule of operations completed at this facility for the calendar year 1944. While not as broad in scope or numbers as exists in our larger facilities, it is believed it is representative. No incident is of record where the accusations made are confirmed. Modern treatment both in medicine and surgery are in use as approved by our central office. If our facilities are too limited in those cases requiring exceptionally special treatment, we have available service hospitals to which these cases may be transferred (exhibit No. 3).

10. Treatment of tuberculosis cases.

This facility does not maintain a treatment service per se for this type of case. They are hospitalized, diagnosed, and transferred at the earliest possible time to our specialized hospitals. These cases are isolated and treated during their residency as prescribed by standard practice. Upon transfer, if attendant service is indicated it is always supplied. No difficulty has been experienced in evacuating these cases except in the past few months when suitable beds have not been available. We now have an accumulation of 12 positive cases awaiting transfer. During the calendar year 1944 a total of 48 admissions are of record carrying a diagnosis of pulmonary tuberculosis, with 7 deaths of far advanced cases on admission.

11. "Reports do not figure the death rate as a percentage of the total number who complete treatment. Instead, they figure it as a percentage of the total number discharged."

Our death rate as quoted in No. 3 above is based on discharges of those who complete treatment and is exclusive of other types of discharges such as disciplinary.

12. "And that total includes more than 58 percent who never complete treatment at all—the men who run away 'against medical advice' or 'a. w. o. l.'"

As shown in No. 2 above, only 89.36 cases per 1,000 are discharged as stated, 8.9 percent.

13. This hospital is not approved for "residencies" by the American Medical Association. We are approved, however, by the American College of Surgeons as meeting at least the minimum requirements of that organization, after a survey by their designated official.

14. "The first reason for the high rate of "run-aways" is simple overcrowding."

This hospital has had no expansion of bed capacity beyond its rated capacity on the basis of a minimum of 10 by 10 feet for single rooms and 7 by 10 feet for ward service. No overcrowding in any wards or services exists at this facility.

15. "They complained that the dishes in which food was served to positive sputum tuberculosis (i. e., contagious) cases were afterward used—without sterilizing—to serve other patients and visitors."

At this facility dishes from which service is given to positive sputum tuberculosis cases are kept as a separate unit and are thoroughly sterilized after each serving. They are never used for service to any other group.

In regard to your specific inquiry regarding the morale of the patient body, the testimony of others concerned, notably members of various service organizations, indicates that the morale among the patient body at this facility is exceptionally high. A recent evidence is supplied from the survey made by William R. Symonds, department commander, and C. R. Gardener, adjutant, Disabled American Veterans, Department of Florida. These gentlemen made a survey of the facility on January 23, 1945, and asked on each service for specific complaints and reported they had received not one. They were not accompanied by an administrative official so that neither they, nor the patients concerned, would be embarrassed by their presence. Still more recently a central office representative, Col. Chas. R. Brooke, remarked, voluntarily, upon the apparent high morale of the patient body. This has also been the subject of comment by Mr. Joseph Roberts, a State official of the Disabled American Veterans, and by John R. Love, vice commander of the Spanish-American War Veterans, Department of Florida, all of whom praise the service being rendered by this facility and the high morale of the patient body.

The final conclusion of the manager and other administrative officers, after a careful study of available statistics and observation of the factors mentioned in the criticisms, is that this facility is rendering maximum service to patients in accordance with established procedure. If more detailed statistics are desirable on any of the subjects commented on, further study will be made upon receipt of your advice.

Exhibits are attached, as follows:

1. Principal causes of death.
2. Typical menu.
3. Surgical operations.
4. Manager's office work sheet.

Very truly yours,

H. C. VON DAHM, M. D.,
Manager.

EXHIBIT E

Regular-diet menu, week April 9-15, 1945, Lake City, Fla.

APRIL 9, 1945

Breakfast:

Grapefruit.
Oatmeal.
Scrambled eggs.
Toast, butter.
Coffee.

Dinner:

Chicken soup, croutons.
Roast rib of beef, gravy.
Oven-browned potatoes.
Bavarian cabbage.
Orange-pineapple Jello.
Bread, butter.
Coffee, milk.

APRIL 9, 1945—continued

Supper:

Soup, croutons.
Liver sausage.
Hominy grits.
Tomato salad, mayonnaise.
Fruit snacks.
Bread, butter.
Milk.

APRIL 10, 1945

Breakfast:

Stewed fresh apples.
Cream of Wheat.
Hot cakes, sirup.
Butter.
Coffee.

Regular-diet menu, week April 9-15, 1945, Lake City, Fla.—Continued

APRIL 10, 1945—continued

Dinner :

Vegetable soup, croutons.
Smothered pork chops, gravy.
Sage dressing.
Turnip greens.
Spice cake with icing.
Bread, butter.
Coffee or milk.

Supper :

Soup, croutons.
Grilled hamburgers.
Hot potato salad.
Buttered yellow squash.
Sliced raw onion.
Peaches.
Bread, butter.
Milk.

APRIL 11, 1945

Breakfast :

Oranges.
Dry cereal.
Broiled bacon, grits.
Toast, butter.
Coffee.

Dinner :

Cream of celery soup, croutons.
Steaks, gravy.
Steamed rice.
Buttered lima beans.
Banana ice cream.
Bread, butter.
Coffee or milk.

Supper :

Soup, croutons.
Frankfurters, mustard.
Hashed-browned potatoes.
Hot slaw.
Apricots.
Hot finger rolls, butter.
Milk.

APRIL 12, 1945

Breakfast :

Prune plums.
Oatmeal.
Scrambled eggs.
Apple butter.

Dinner :

Carrot soup, croutons.
Ham loaf, gravy.
Lyonnais potatoes.
Stewed corn.
Fresh fruit salad, fruit dressing.
Bread and butter.
Coffee or milk.

Supper :

Soup, croutons.
Vegetable beef hash.
Buttered string beans.
Head lettuce, chiffonade dressing.
Lemon meringue pie.
Bread and butter.
Milk.

APRIL 13, 1945

Breakfast :

Oranges.
Cream of Wheat.
Hot cakes, syrup, butter.
Coffee.

Dinner :

Vegetable soup, croutons.
Fried fish, coleslaw.
Mashed potatoes.
Buttered peas.
Maple ice cream.
Bread and butter.
Coffee or milk.

Supper :

Soup, croutons.
Noodles, milannaise.
Buttered lima beans.
Vegetable salad bowl.
Chocolate blanc mange.
Bread and butter.
Milk.

APRIL 14, 1945

Breakfast :

Stewed apricots.
Dry cereal.
Broiled bacon, grits.
Toast, butter.
Coffee.

Dinner :

Cream of tomato soup, croutons.
Smothered liver, gravy.
Steamed potatoes.
Braised onions.
Molasses gingerbread.
Bread and butter.
Coffee or milk.

Supper :

Soup, croutons.
Vegetable meat loaf, gravy.
Stewed corn.
Apple, carrot, and date salad
Pears.
Bread and butter.
Milk.

APRIL 15, 1945

Breakfast :

Grapefruit.
Cream of Wheat.
Scrambled eggs, jam.
Toast, butter.
Coffee.

Dinner :

Bean soup, croutons.
Chicken with dumplings.
Mashed potatoes.
Buttered peas.
Chocolate ice cream.
Bread and butter.
Coffee or milk.

Regular-diet menu, week April 9-15, 1945, Lake City, Fla.—Continued

APRIL 15, 1945—continued

APRIL 15, 1945—continued

Supper :

Soup, croutens.
Baked beans with salt pork.
Browned carrots.
Coleslaw.

Supper—Continued

Royal Anne cherries.
Cornbread, butter.
Milk.

Submitted by :

D. M. PERDUE,
Chief Dietitian.

Approved :

E. E. BYRD,
Lieutenant Colonel, Marine Corps,
Clinical Director.

EXHIBIT F
Consolidated report (manager's office)

1944	January	February	March	April	May	June	July	August	September	October	November	December	Total for year
1. Average patient load.....	232	254	235	217	208	211	215	230	245	236	250	242	231
2. Admissions.....	175	204	192	161	201	216	247	277	334	321	310	287	2,925
3. Discharges.....	151	183	223	172	217	216	231	264	334	325	289	282	2,887
4. Turn-over (2 and 3).....	326	387	415	333	418	432	478	541	668	646	599	569	5,812
5. Out-patients.....					121	110	114	134	180	148	123	110	1,040
6. Absent without leave.....	12	15	4	3	7	3	7	5	8	3	5	8	80
7. Against medical advice.....	4	8	20	11	18	19	11	18	17	23	17	12	178
8. Deaths, white.....	7	6	8	7	8	10	6	5	11	6	8	11	93
9. Deaths, colored.....	4	7	6	1	6	6	8	3	10	6	3	3	63
10. Raw food cost.....	\$0.453	\$0.438	\$0.443	\$0.482	\$0.455	\$0.435	\$0.485	\$0.412	\$0.487	\$0.475	\$0.474	\$0.504	\$0.475
11. Per diem.....	\$5.02	\$4.86	\$5.22	\$5.42	\$5.60	\$5.65	\$5.45	\$4.98	\$5.12	\$5.20	\$5.22	\$5.30	\$5.25
12. Per diem year to date.....	\$5.52	\$5.43	\$5.40	\$5.55	\$5.43	\$5.45	\$5.45	\$5.21	\$5.18	\$5.14	\$5.16	\$5.19	\$5.34

18 months.

EXHIBIT G

Regular-diet menu, week of April 2-8, 1945, Montgomery, Ala.

APRIL 2, 1945

Breakfast:

Plums.
Oatmeal, cream.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Pot roast of beef, gravy.
Buttered noodles.
Boiled lima beans.
Sweet relish.
Orange Jello, whipped sauce.
Bread, butter.
Coffee.

Supper:

Salmon croquettes.
Creamed potatoes.
Buttered peas.
Lettuce, French dressing.
Royal Anne cherries.
Bread, butter.
Milk.

APRIL 3, 1945

Breakfast:

Stewed prunes.
Cream of Wheat, cream.
Bacon, jam.
Toast, butter.
Coffee, milk.

Dinner:

Breaded veal, gravy.
Buttered potatoes.
Breaded tomatoes.
Dill pickle.
Apricot strips.
Bread, butter.
Coffee.

Supper:

Split pea soup, crax.
Beef vegetable pot pie.
Cold beets in vinegar.
Bread raisin pudding.
Bread, butter.
Buttermilk.

APRIL 4, 1945

Breakfast:

Applesauce.
Wheatena, cream.
Omelet, jelly.
Toast, butter.
Coffee, milk.

Dinner:

Smothered steak, gravy.
Mashed potatoes.
Fried onions.
Lettuce, thousand island dressing.
Lemon pie.
Bread, butter.
Coffee.

APRIL 4, 1945—continued

Supper:

Chop suey, noodles.
Buttered rice.
Fresh spinach.
Pear and cheese salad, mayonnaise.
Gingersnaps.
Rolls, butter.
Cocoa.

APRIL 5, 1945

Breakfast:

Pineapple juice.
Cornflakes, cream.
Bacon, grits.
Toast, butter.
Coffee, milk.

Dinner:

Liver, gravy.
Sweet potatoes.
Blackeye peas.
Celery hearts.
Cream puffs.
Biscuits, butter.
Coffee.

Supper:

Bologna.
Potato salad.
Bavarian cabbage.
Mustard pickles.
Grapenut pudding.
Bread, butter.
Milk.

APRIL 6, 1945

Breakfast:

Baked apple.
Cream of Wheat, cream.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Cream of tomato soup, crackers.
Fried fish, lemon.
Mashed potatoes.
Buttered squash.
Butterscotch pie.
Cornbread, butter.
Coffee.

Supper:

Cheese souffle.
New string beans.
Beets.
Lettuce, Thousand Island dressing.
All-bran date bars.
Bread, butter.
Milk.

APRIL 7, 1945

Breakfast:

Tomato juice.
Oatmeal, cream.

Regular-diet menu, week of April 2-8, 1945, Montgomery, Ala.—Continued

APRIL 7, 1945—continued

Breakfast—Continued

Bacon.
 Toast, butter.
 Coffee, milk.

Dinner:

Pork chops, gravy.
 Sweetpotatoes.
 Buttered peas.
 Dill pickles.
 Hot apple goodie.
 Bread, butter.
 Coffee.

Supper:

Baked stuffed peppers.
 Creamed potatoes.
 Stewed tomatoes.
 Perfection salad, mayonnaise.
 Chocolate merangue pudding.
 Bread, butter.
 Buttermilk.

Submitted by: .

Approved:

APRIL 8, 1945

Breakfast:

Stewed apricots.
 Wheatena, cream.
 Bacon.
 Toast, butter.
 Coffee, milk.

Dinner:

Baked ham.
 Buttered potatoes.
 Boiled cabbage.
 Carrot and raisin salad.
 Ice cream.
 Rolls, butter.
 Coffee.

Supper:

Mixed cheese sandwich.
 Potato chips.
 Corn.
 Macedoine salad.
 Pears.
 Chocolate milk.

H. WALDSEN,
Chief Dietitian.
 J. W. PAFFORD,
Chief Medical Officer.

ROBERT P. SHIELDS,
Manager.

Light diet menu, week April 2-8, 1945, Montgomery, Ala.

APRIL 2, 1945

Breakfast:

Plums.
 Oatmeal, cream.
 Scrambled eggs.
 Toast, butter.
 Coffee, milk.

Dinner:

Pot roast of beef.
 Buttered noodles.
 Buttered squash.
 Orange Jello, fruit sauce.
 Bread, butter.
 Coffee.

Supper:

Cold salmon.
 Creamed potatoes.
 Buttered peas.
 Lettuce, french dressing.
 Royal Ann cherries.
 Bread, butter.
 Milk.

APRIL 3, 1945

Breakfast:

Stewed prunes.
 Cream of Wheat, cream.
 Bacon, jelly.
 Toast, butter.
 Coffee, milk.

APRIL 3, 1945—continued

Dinner:

Roast lamb.
 Buttered potatoes.
 Buttered tomatoes.
 Apricots.
 Bread, butter.
 Coffee.

Supper:

Split pea soup, Crax.
 Cheese soufflé.
 Baked potato.
 Cold beets in vinegar.
 Bread, butter.
 Buttermilk.

APRIL 4, 1945

Breakfast:

Applesauce.
 Wheatena, cream.
 Omelet, jelly.
 Toast, butter.
 Coffee, milk.

Dinner:

Broiled steak.
 Asparagus.
 Mashed potatoes.
 Lettuce, french dressing.
 Lemon custard.

Light diet menu, week April 2-8, 1945, Montgomery, Ala.—Continued

APRIL 4, 1945—continued

Dinner—Continued

Bread, butter.

Coffee.

Supper :

Creamed eggs.

Buttered rice.

Fresh spinach.

Pears.

Sugar cookies.

Bread, butter.

Cocoa.

APRIL 5, 1945

Breakfast :

Pineapple juice.

Cornflakes, cream.

Bacon, grits.

Toast, butter.

Coffee, milk.

Dinner :

Broiled liver.

Sweetpotatoes.

Buttered carrots.

Celery hearts.

Cream puffs.

Bread, butter.

Coffee.

Supper :

Broiled beef pattie.

Buttered potatoes.

Stewed tomatoes.

Grapenuts pudding.

Bread, butter.

Milk.

APRIL 6, 1945

Breakfast :

Baked apple.

Cream of Wheat, cream.

Scrambled eggs.

Toast, butter.

Coffee, milk.

Dinner :

Cream of tomato soup, crackers.

Baked fish, lemon.

Mashed potatoes.

Buttered squash.

Butterscotch pudding.

Bread, butter.

Coffee.

Submitted by :

Approved by :

Recommended by :

APRIL 6, 1945—continued

Supper :

Cheese scouffle.

New string beans.

Beets.

Lettuce, mayonnaise.

Jello with cream.

Bread, butter.

Milk.

APRIL 7, 1945

Breakfast :

Tomato juice.

Oatmeal, cream.

Bacon.

Toast, butter.

Coffee, milk.

Dinner :

Roast lamb.

Sweetpotatoes.

Buttered peas.

Applesauce.

Bread, butter.

Coffee.

Supper :

Omelet.

Creamed potatoes.

Stewed tomatoes.

Chocolate meringue pudding.

Bread, butter.

Buttermilk.

APRIL 8, 1945

Breakfast :

Stewed apricots.

Wheatena, cream.

Bacon.

Toast, butter.

Coffee, milk.

Dinner :

Broiled steak.

Buttered potatoes.

Carrots.

Ice cream.

Bread, butter.

Coffee.

Supper :

Tuna fish sandwich.

Potato puff.

Corn.

Masedoine salad.

Pears.

Chocolate milk.

H. WALDSEN,
*Chief Dietitian.*ROBERT P. SHIELDS,
*Manager.*J. W. PAFFORD,
Chief Medical Officer.

Soft-diet menu, week of April 2-8, 1945—Montgomery, Ala.

APRIL 2, 1945

Breakfast :

Pureed plums.
Oatmeal, cream.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner :

Creamed fresh beef.
Buttered noodles
Pureed squash.
Orange Jello, fruit sauce.
Bread, butter.
Milk.

Supper :

Cold salmon.
Creamed potatoes.
Pureed peas.
Royal Anne cherries.
Bread, butter.
Milk.

APRIL 3, 1945

Breakfast :

Pureed stewed prunes.
Cream of Wheat, cream.
Soft-cooked eggs.
Toast, butter.
Coffee, milk.

Dinner :

Minced lamb.
Buttered potatoes.
Breaded tomatoes.
Apricots.
Bread, butter.
Coffee.

Supper :

Split pea soup, Crax.
Cheese souffle.
Baked potato.
Pureed beets.
Plain bread pudding.
Bread, butter.
Buttermilk.

APRIL 4, 1945

Breakfast :

Applesauce.
Wheatena, cream.
Omelet, jelly.
Toast, butter.
Coffee, milk.

Dinner :

Broiled beef pattie.
Mashed potatoes.
Pureed asparagus.
Lemon custard.
Bread, butter.
Coffee.

APRIL 4, 1945—continued

Supper :

Creamed eggs.
Buttered rice.
Pureed spinach.
Pears.
Sugar cookies.
Bread, butter.
Cocoa.

APRIL 5, 1945

Breakfast :

Pineapple juice.
Cornflakes, cream.
Scrambled eggs, grits.
Toast, butter.
Coffee, milk.

Dinner :

Minced broiled liver.
Sweetpotatoes.
Pureed carrots.
Cream puffs.
Bread, butter.
Coffee.

Supper :

Broiled beef pattie.
Buttered potatoes.
Stewed tomatoes.
Grape-nuts pudding.
Bread, butter.
Milk.

APRIL 6, 1945

Breakfast :

Peeled baked apple.
Cream of Wheat, cream.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner :

Cream of tomato soup, crackers.
Baked fish, lemon.
Mashed potatoes.
Pureed squash.
Butterscotch pudding.
Bread, butter.
Coffee.

Supper :

Cheese souffle.
Baked potato.
Pureed string beans.
Jello with cream.
Bread, butter.
Milk.

APRIL 7, 1945

Breakfast :

Tomato juice.
Oatmeal, cream.
Soft-cooked eggs.
Toast, butter.
Coffee, milk.

Soft-diet menu, week of April 2-8, 1945, Montgomery, Ala.—Continued

APRIL 7, 1945—continued

APRIL 8, 1945

Dinner:

Minced lamb.
Sweet potatoes.
Pureed peas.
Applesauce.
Bread, butter.
Coffee.

Supper:

Omelet.
Creamed potatoes.
Stewed tomatoes.
Chocolate meringue pudding.
Bread, butter.
Buttermilk.

Submitted by:

Approved by:

Recommended by:

Breakfast:

Pureed stewed apricots.
Wheatena, cream.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Broiled beef pattie.
Buttered potatoes.
Pureed carrots.
Ice cream.
Bread, butter.
Coffee.

Supper:

Tuna fish sandwich.
Potato puff.
Pureed corn.
Pears.
Chocolate milk.

H. WALDSEN,
Chief Dietitian.

ROBERT P. SHIELDS,
Manager.

J. W. PAFFORD,
Chief Medical Officer.

EXHIBIT H

ATLANTA, GA.

1. The writer charges that only one in six patients ever leaves a hospital as "cured"; that only three out of five patients complete their hospitalization and are discharged as "improved"; and that the rest are discharged as "unimproved", run away to other hospitals, or "suffer and die quietly at home."

A survey of a representative number (approximately 1,100) of completed Forms 2593 relating to patients admitted and discharged during the period from August 1, 1944, to February 1, 1945, reveals that of the 978 patients who received regular discharges listed as "Maximum hospital benefit," 844 were improved or cured with respect to the major condition because of which they were admitted for treatment. This would leave 134 patients discharged as unimproved after treatment. One hundred and eleven patients were discharged as "not in need of hospital treatment." Under existing procedure we do not employ the term "cured" as a classification of discharge. A critic of the Administration endeavoring to establish that we do not cure patients might attain apparent success by confusing the type of discharge with the result of treatment. It appears that the charges as made in this particular arise out of a lack of understanding of the manner in which the patients are discharged by the Veterans' Administration.

As to patients who leave the hospital without completing treatment, our records show that during the year of 1944 there were 220 disciplinary discharges out of a total of 3,589 patients discharged. One hundred and twelve of this number were World War II veterans. A majority of all the disciplinary discharges come under the classification of a. w. o. l.

The mortality rate at the hospital for the year 1944 was 5.2 percent. Our method for computing the mortality rate, as well as the procedure we follow in the compilation of other statistics concerning hospital services, conforms to the manual for medical-records librarians, 1941 author Edna K. Huffman, and it is believed this method is used by all recognized hospitals. If the death rate in Veterans' Administration hospitals should be computed minus the discharges of temporary rating and observation cases, which are not treatment admissions, there would be no material difference in the death rate shown. During the year

1944 we had only 416 discharges in the categories "temporary rating" and "observation cases."

With the hope that the statistical information therein contained may be helpful, I am attaching a copy of Summary of Hospital Service at this facility for the calendar year 1944.

2. It is charged that doctors are so overloaded that they can give patients only an average of 7 minutes each per week.

There is a ratio at this facility of 26 to 42 patients to each physician. The tour of duty is 8 hours or 480 minutes per day. This should allow from 10 to 18 plus minutes per patient which does not include the time the chiefs of the services may devote to patients. As we expanded our services to utilize the 98 beds authorized, additional physicians were assigned to meet the increased load.

3. It is charged that approximately 60 percent of patients in tuberculosis hospitals run away and that the reason for the high rate of run-aways is overcrowding.

While this is not a tuberculosis hospital, our chief medical officer, Dr. Roy H. Bryant, who spent 7 years in 1 of the larger tuberculosis hospitals shortly after World War I and who served for some 9 additional years where there was a unit set aside for the care of approximately 250 tubercular patients, desires to comment as follows:

"During this period of time the patients were not overcrowded and it is doubtful if there is any particular crowding at this time as it is the writer's impression that the expansion such as occurred at this facility was not to be placed into effect at tuberculosis institutions. Tuberculosis is a long drawn-out affair. Many patients become discouraged; some for financial reasons, others because their families have not acquired the habit of writing cheerful, encouraging letters to keep them on the cure but instead, inform them of all little, depressing things that happen at home which is upsetting to the patients and results in their leaving the hospital under irregular circumstances. It has also been observed among World War I and II veterans that they immediately leave the facility upon receipt of pension and despite every reasonable effort to persuade them to remain. Finance is a big problem in the care and treatment of tuberculous patients, and with the Government's help from a monetary-benefit standpoint we should have the best contented patients and, therefore, the best results in the end because their financial problems have largely been solved at least to the extent of keeping the wolf away from their homes."

EXHIBIT I

Summary of hospital service, calendar year 1944, Atlanta, Ga.

	Admissions	Discharges	Deaths	Autopsies	Relief days		Admissions World War II	Disciplinary discharges	
					Total	World War II		World War I	World War II and others
January.....	305+3	274+3	15	2	9,826	1,705	80	12	3
February.....	254+4	256+5	13	3	9,495	1,776	76	5	5
March.....	257+1	269+0	17	3	9,587	1,987	89	13	11
April.....	251+2	278+2	14	1	9,187	1,896	86	8	4
May.....	311+1	278+2	14	3	9,601	1,879	106	11	7
June.....	305+2	312+0	18	1	9,548	2,556	123	8	5
July.....	328+3	325+3	20	1	9,778	2,074	125	9	7
August.....	336+1	342+3	17	0	9,570	2,249	147	10	8
September.....	311+2	307+2	16	3	9,394	2,602	134	8	14
October.....	338+0	321+0	9	1	10,571	2,807	132	9	14
November.....	318+1	301+0	14	1	10,080	2,570	140	8	11
December.....	321+1	326+2	19	0	10,303	2,760	142	8	11
Total.....	3,635+21	3,589+22	186	19	116,940	26,861	1,380	108	112

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Remaining Jan. 1, 1944.....	299+1	Average length of stay.....	days..	32
Admitted, 1944.....	3,635+21	Percentage of occupancy.....	percent..	87
Discharged, 1944.....	3,589+22	Average number World War II.....		73
Remaining Jan. 1, 1945.....	345+0	Mortality rate.....		5.2
Average number of patients ¹	320			

¹ Guide for compilation of statistics: Manual for Medical Records Librarians, 1941, author: Edna K. Huffman, Director, School for Medical Records Librarians, Grant Hospital, Chicago, Ill.

The CHAIRMAN. Thank you very much, Mr. Gibson. You have made a splendid statement and a great contribution to this record.

Mr. Carnahan, I believe you are next.

**STATEMENT OF HON. A. S. J. CARNAHAN, A REPRESENTATIVE IN
THE CONGRESS OF THE UNITED STATES FROM THE EIGHTH
CONGRESSIONAL DISTRICT OF MISSOURI**

The CHAIRMAN. Will you state your full name and the district you are from?

Mr. CARNAHAN. A. S. J. Carnahan, representing the Eighth District of Missouri.

I have a rather short statement.

On March 29, 1945, I visited the veterans' hospital at Jefferson Barracks, Mo. My visit was unannounced. I arrived at the hospital about 10 a. m., going first to the office of the superintendent, Dr. Walter A. German.

The official capacity of the hospital is 597 beds, plus 8 emergency beds, making a total of 605. On that date there were 513 patients, approximately 25 percent of the patients being World War II cases. The turn-over is about 300 a month.

The staff of the hospital consists of 37 physicians, 10 of whom are supernumeraries; 3 dentists; 67 nurses, with 3 vacancies; 106 hospital attendants, with 12 vacancies; 12 pharmacists; 9 laboratorians, with 1 vacancy; 5 physical therapy technicians, with 2 vacancies; 1 recreational aide; 1 occupational therapy aide; 1 librarian; 28 senior cadet nurses; 51 nurses aids (volunteer) sponsored by the Red Cross. Other volunteer, by arts and skills, aides, Gray Ladies, and Motor Corps, There are 5 dietitians with 1 vacancy, 7 cooks, 2 bakers, 1 meat cutter, 60 mess attendants.

Out-patient service is maintained for claims for pensions and compensation. During the month of January 1945, 517 examinations were made for pensions and compensation and 550 P-10 applications were received. The P-10 is an application for hospital treatment or domiciliary care. This form has recently been simplified, I was told.

I discussed at some length the methods of admitting patients. This is the procedure: If an emergency exists and someone calls in for admission the hospital authorities ask to talk to the veteran's doctor in order to determine if the man can be moved, type of transportation necessary, and the nature of his condition. If the veteran lives near, a hospital ambulance is sent. When a request is received from a veteran in the area served who is not an emergency case he is sent the form P-10 and asked to fill it out and return it to the hospital. Upon receipt of this form the veteran's eligibility is checked and if eligible and deemed to be in need of hospital treatment he is sent transportation and asked to report for admission. If a veteran comes in person stating that he is sick, and asks admission, he is given the application form P-10 to fill out. He is examined in the out-patient department, and if the examiner determines that he is in need of hospitalization, he is immediately admitted, and if an emergency patient, such as an accident victim, and so forth, is brought to the hospital he is admitted for emergency treatment, and eligibility is checked and the form P-10 completed for regular admission. Upon admission to the hospital a veteran is examined and if it is determined that he is an emergency

case he is sent at once to the surgical or appropriate ward and is not held on the reception ward. All admissions except emergency cases are handled through the reception ward. On this ward personal examination and laboratory tests are made, and after it is determined what treatment the veteran needs he is sent to the appropriate ward. Patients are not kept on the reception ward longer than 2 days. Three doctors are assigned to the reception ward. I visited on the reception ward, and all the patients I talked with said that they had arrived today or yesterday.

After the patient reaches the treatment ward, the physician in charge examines him and, if he needs special examination, the physician may request such examination. No restriction is put on any physician as to what he may or may not order for any patient. The hospital uses outside consultants, but I was told that it was difficult to get the consultant to come out to the hospital from St. Louis, as they were specialists and were too busy with their own practice. Some patients were sent from the hospital to the office of the consultant.

During the year 1944 there were approximately 3,600 patients discharged with the following classification:

Maximum benefit-----	2,511	No treatment required-----	87
Transfers-----	240	Emergency completed-----	36
Deceased-----	299	Emergency no longer exists-----	21
Against medical advice-----	185	Disciplinary-----	4
A. w. o. l.-----	63	Not entitled to hospitalization---	3
Observation completed-----	65	Terminal cases-----	4
Treatment completed-----	94		

TB, mental, or cancer cases are not treated, and the hospital does not have domiciliary facilities. During the year the dental ward made 1,096 examinations and treated 338 individuals. The X-ray laboratory X-rayed 4,855 persons, making a total of 9,336 X-rays. The surgical ward did 458 major and 1,247 minor operations.

The library in 1944 recorded 9,840 books and 25,715 magazine circulations. The medical professional library contained 230 books and 21 professional medical publications.

The physical therapy ward was well equipped and in 1944 gave 25,029 therapy treatments. They appeared to be very good in back injuries.

I visited the storage rooms and refrigerator unit. They were clean and in very neat condition. The kitchen was well equipped, clean and well kept. The ambulatory patients go to a general dining room for meals and are served cafeteria style. I ate the noon meal with the patients. The menu was roast beef, scalloped potatoes, spinach, squash, soup, coffee, and milk, rolls, and ice cream. Trays for the bed patients were prepared in the main kitchen and take in heated carts to the wards.

Public transportation from St. Louis to the hospital is poor. I made the trip by bus and street car from University City, one of the suburbs, and changed four times and paid one 5-cent fare and two 10-cent fares one way. This transportation condition adds to the problem of keeping help, especially attendants and nurses.

I talked with several patients and asked them if they were getting satisfactory treatment. Only one expressed dissatisfaction. His home was in St. Louis, none of his children were at home, and his wife was working, and he resented the suggestion that he go home. He said that he had been an in-an-outer for the past 12 years.

I left the hospital about 4 p. m. and went to Barnes hospital in St. Louis and spent about 3 hours there. Barnes is a general hospital maintained for pay patients and is rated high in that section. It is the laboratory for the Washington University medical school. The equipment and service at the veterans' hospital compare favorably with Barnes. I am not a physician and thus not capable of passing technical judgment, but it is my opinion that Dr. Walter A. German and his staff are giving courteous, efficient, and effective treatment to our veterans. However, I want to recommend continued and increased efforts to improve the services offered by our veterans' facilities, since we all want our Nation's defenders to have the best.

I visited one other hospital——

The CHAIRMAN. Barnes Hospital in St. Louis, that you mentioned, regardless of your comparison, is considered the best hospital generally throughout that section of the country, is it not?

Mr. CARNAHAN. Yes. It is considered tops in that section.

The CHAIRMAN. The hospital at Jefferson Barracks is built on the property of the old Jefferson Barracks owned by the Government at that time, and was constructed on Government property outside the city limits of St. Louis?

Mr. CARNAHAN. Yes. It is one of the old veterans' hospitals, as I understand it.

The CHAIRMAN. It was formerly a home, was it not?

Mr. CARNAHAN. I do not know. I do not have the history of the institution, but it has been a veterans' hospital for years and years. It has very imposing grounds and a very fine layout. The colored and white patients were segregated there. They have a ward for colored patients.

Mr. DOMENGEAUX. Do you think that such a situation is desirable?

Mr. CARNAHAN. I am sure that is the way the colored people would have it.

Mr. McQUEEN. As Mr. Gibson stated, were there white nurses and white attendants for the colored patients? Or do you know about that?

Mr. CARNAHAN. The colored population at the hospital was rather light, but I was told as to attendants and nurses, that they were attempting to secure and keep sufficient colored nurses and attendants to care for the colored patients.

Mr. DOMENGEAUX. About what percentage of the patients in the hospital were colored?

Mr. CARNAHAN. I have forgotten the number. I would say perhaps only 25 or 30 colored patients in the hospital at the time I was there. I am not sure of the number, but it was a small number.

Mr. DOMENGEAUX. Approximately how many patients were in that hospital at the time you were there?

Mr. CARNAHAN. 513.

Mr. DOMENGEAUX. That is all.

Mr. ENGLE. Did you find the same unhappy situation, so far as medical personnel were concerned, with reference to those who were assigned through military channels?

Mr. CARNAHAN. That was not particularly discussed on my visit there, but in discussing it with the manager of the hospital he was not impressed with the idea of having doctors assigned to the veterans' hospital from the military service.

I visited the veterans' hospital at North Little Rock, Ark., on April 6, 1945. My visit was unannounced. This facility handles mental cases. I went first to the office of Col. D. B. Campbell, manager. I requested information regarding the medical staff and other personnel dealing directly with the care of patients. This information as prepared in Colonel Campbell's office, with an explanation of their receiving service, is enclosed herewith.

I visited most of the wards and noted especially the wards caring for the most disturbed cases. The ratio of attendants was approximately 1 attendant to 8 patients. The buildings were clean and well kept.

I visited the storage rooms and refrigerator units. These were very clean and everything was in neat order. The main kitchen was well equipped and clean. I watched preparation for and serving of the noon meal. About half of the patients go to the general dining room for the meal. It was necessary to serve twice because of the lack of dining-room space. Food was taken to the dining room on heated food carts and the plates were served and placed on the tables before the patients were admitted. Half of the dining room was served and patients admitted. While they ate the other half was prepared. Seconds were served from extra food carts. Many of the wards had their own dining room and food was taken from the main kitchen to them on the heated food carts. I ate in the nurses' dining room. The food was the same as that served to the patients. The menu was fish, tartar sauce, mashed potatoes, stewed corn, bread and butter, cherry cobbler, and coffee.

Mr. SCRIVNER. What explanation, if any, was given as to why the food was served in that manner rather than in cafeteria style?

Mr. CARNAHAN. I was told that there was perhaps not enough room to make the conversion.

Mr. SCRIVNER. Was there any explanation that in many cases it was necessary to serve in that way because of the manner in which some of the patients handled their food?

Mr. CARNAHAN. Yes; that was true, too.

Mr. SCRIVNER. These were all mental cases?

Mr. CARNAHAN. Yes. The serving was done rather hurriedly. I noticed when these food carts were brought in there were three or four different crews serving in the dining room. When the patients came in an attendant was with each group, one attendant to about eight patients. That situation would apply, of course, at other meals. If anyone wanted seconds, those food carts were revolving around and anyone that wanted a second helping could have it.

Mr. SCRIVNER. Did you also make a careful check on the utensils, and so forth?

Mr. CARNAHAN. Yes. They told me there that dishes and chinaware were exceedingly hard to get and it was hard to keep their supply up.

This hospital has a standard capacity of 1,625. Four new buildings are under construction which will add approximately 650 beds. These new buildings, according to schedule, should be 15 percent completed but were only 6 percent completed. Shortage of labor and materials is responsible for this retardation.

The hospital has about 1,100 acres of land including about 450 acres of good farm land. Rather extensive farming is done. The

institution is and has been growing much of its own meat. They are doing a nice job in pork production.

I observed the use of the electric shock treatment for mental illness. The doctors were very enthusiastic about this treatment and reported that about 80 percent of the patients treated gave favorable reaction. I was informed that the treatment is painless and has no undesirable after effects. The patient becomes unconscious the instant the current is turned on. The treatment lasts only a few seconds; then the patient sleeps for about 15 or 20 minutes. They usually awake feeling refreshed and do not remember anything about the treatment. The treatment appeared very humane to me. The hospital also uses the malaria treatment and the insulin treatment.

I was told by Dr. Campbell that the patients objected to the malarial treatment and the insulin treatment, and that most of them preferred the electric shock treatment.

The occupational wards were well equipped and were being extensively used. Patients were encouraged to attempt some task which would require learning some new operation. They were repairing and refinishing furniture, making hospital garments and sheets, weaving, and so forth. The weaving ranged from very simple articles and designs to complicated patterns, woven on intricate looms. Farming activities gave opportunity of work and exercise. Patients who were able were encouraged to spend 4 hours a day in occupational activities. That is, 2 hours in the morning and 2 in the afternoon.

I noticed while I was visiting their farm that three or four patients were having a wonderfully good time training a colt that they had bred on the farm, and they were really enjoying that. I understand that the patients do quite a bit of farm work. There was no pressure put on them to work, but they were encouraged to put in 2 hours in the morning and 2 hours in the afternoon.

The CHAIRMAN. That hospital is upon a mountain, is it not?

Mr. CARNAHAN. Yes. There is a very beautiful lay-out there.

The library occupies a separate building and was attractive and well equipped. A book cart makes the wards twice a week. The cards on books out showed very extensive use of the library.

I notice they had an unusual supply of jigsaw puzzles, and I was told that they were very popular.

The hospital needs additional dining-room space and a gymnasium. The auditorium was being used for a picture show at the time I saw it. Additional auditorium space is also needed.

The transportation from town to the hospital is very poor. There is no public transportation from North Little Rock to the hospital except by taxi which is inadequate and expensive. The distance is about a mile and all up a steep hill. If the public transit company in Little Rock is not in position to extend service to the hospital I would recommend at least some regular scheduled transportation each day by the Veterans' Administration.

I spent about 6 hours at the veterans' hospital and then went to the Arkansas State Hospital for the mentally ill. Dr. Kolb, the superintendent of the State Hospital, was very kind in showing me that institution. Dr. Kolb is leading Arkansas in doing a very fine job for their mental patients and I was happy to learn both from Dr. Kolb and from Colonel Campbell, manager of the veterans' hospital, that a fine spirit of cooperation existed between the two institutions. In my opinion, the North Little Rock facility is doing a very, very fine job.

Mr. SCRIVNER. What do the records shown on recoveries or releases?

Mr. CARNAHAN. They told me that about 80 percent of the cases treated were giving favorable reaction.

Mr. SCRIVNER. That is as to the electric shock treatment?

Mr. CARNAHAN. Yes.

Mr. SCRIVNER. I have been the guardian of a great many servicemen, several of whom have been in Little Rock and several were there for many, many years. I was wondering what the records show.

Mr. CARNAHAN. They told me they had cases from World War I that they would have to keep until they lived out their years. I asked about World War II boys, and they said that practically none of those boys from World War II have been overseas. They are mainly boys that did not fit well into the Army regime.

Mr. SCRIVNER. They get pretty good results on the young men?

Mr. CARNAHAN. Yes; very good results. That is all, unless there are some questions.

Mr. McQUEEN. Mr. Carnahan, did you visit the wards where the very violent cases, as they are termed, were?

Mr. CARNAHAN. I asked them to show me the wards where their most disturbed patients were, and I was taken to wards where they said, "These are the most disturbed cases."

Mr. McQUEEN. What was your observation of those patients?

Mr. CARNAHAN. They needed to be in a hospital.

Mr. McQUEEN. Were they strapped down?

Mr. CARNAHAN. No.

Mr. McQUEEN. Were they locked in rooms?

Mr. CARNAHAN. Yes.

Mr. McQUEEN. Separate rooms?

Mr. CARNAHAN. No. There would be perhaps seven or eight people in a ward with an attendant.

Mr. McQUEEN. Did you find any nurses in those rooms?

Mr. CARNAHAN. No; I did not see any nurses in the wards. There were nurses about the hospital.

Mr. McQUEEN. Did you see any patients wearing restraints on their wrists, such as have been testified to here?

Mr. CARNAHAN. No; I did not.

Mr. McQUEEN. Did you see any patients that were restrained other than being locked in rooms?

Mr. CARNAHAN. No.

Mr. McQUEEN. Did you get any evidence or any statement of any violence to any patients either by other patients or the help?

Mr. CARNAHAN. No.

Mr. McQUEEN. Did you inquire about that?

Mr. CARNAHAN. I do not remember making that definite inquiry on that particular point.

I did see restrained patients in the Arkansas State institution.

Mr. McQUEEN. Restrained in what manner?

Mr. CARNAHAN. They were in cells.

Mr. McQUEEN. Separate?

Mr. CARNAHAN. Yes; separate cells.

Mr. McQUEEN. No attendant with them?

Mr. CARNAHAN. No. They showed me one in particular. There was no one in the room with him.

Mr. McQUEEN. But you did not find in those 1,650 people anybody that was restrained other than being in a room with an attendant?

Mr. CARNAHAN. That is all that I saw.

Mr. McQUEEN. That is all.

Mr. DOMENGEAUX. Mr. Carnahan, did you personally observe the shock treatments that were given?

Mr. CARNAHAN. Yes; I did.

Mr. DOMENGEAUX. You saw the convulsions which are incidental to that treatment?

Mr. CARNAHAN. Yes.

Mr. DOMENGEAUX. Did you notice whether patients who were waiting to take this treatment were allowed to see a patient taking such treatment?

Mr. CARNAHAN. No. The room where the treatment was given was a separate room from where the patients waited their turn.

Mr. DOMENGEAUX. The reason I mention that—and I have no opinion about it, because I do not understand the medical end of it—is that it seems to me that the shock treatment is much more desirable, because it leave no remembrance in the mind of the one who is submitted to it. But at one of the hospitals I saw patients who were waiting for treatment having an opportunity to see these other patients having these horrible convulsions.

Mr. CARNAHAN. That was not the case at North Little Rock.

Mr. DOMENGEAUX. I thought it would be much more desirable if they did not witness it, for psychological reasons.

Mr. CARNAHAN. I know nothing about the merits of this treatment but I was highly impressed with the treatment myself.

Mr. RAMEY. I have one question. It has been charged, speaking of the beautiful surroundings, the grounds, and the splendid atmosphere that those hospitals have beautiful front yards and trees and surroundings, and everything looks good to the outsider, but that the moment you get inside the hospital and go to the back part you find a bad condition.

The CHAIRMAN. Who charges that? Was it Maisel?

Mr. RAMEY. I do not know who it was, but one witness said that.

Did you find, after you got inside and noticed the beds, and so forth, that what you saw from the inside was just as good as from the front?

Mr. CARNAHAN. Yes, I did. The inside appearance was well in keeping with the front.

Mr. RAMEY. Did you find any fecal matter in any of the beds.

Mr. CARNAHAN. No, sir.

Mr. RAMEY. I received four letters yesterday, including one from Coatesville, Pa., stating that to be a fact. Did you find anything like that?

Mr. CARNAHAN. No, sir; I did not.

The CHAIRMAN. The witness Maisel told about seeing patients lying on the concrete floor of the hospital, and a check-up showed no concrete floor.

Mr. SCRIVENER. Of course we claim we are normal, and we would not do that, but in some of the NP hospitals you will find men who think that that is the position and the place in which they find comfort. They are more comfortable, possibly, in a dark corner on the floor than they are on their bed. I visited one hospital where a man had a perfectly good bed, but instead of being on the bed he was underneath it. That is where he could sleep. He could not sleep in the bed. Some of these things, while they exist, I think are probably due

to the disturbed mental condition of the patient, and he is trying to find his own way to comfort.

Mr. CARNAHAN. I was told in the Arkansas State Institution while I was going through that they had many, what they called negative reaction patients, who reacted differently from the way we would perhaps react, and such patients often preferred to sit or lie on the floor. I had a patient pointed out to me who had lain down on the floor and had gone to sleep. There was a chair available that he could have used if he had wanted to.

Mr. DOMENGEAUX. That is the result of the mental condition of the patient?

Mr. CARNAHAN. Yes.

The CHAIRMAN. I want to call attention to the fact that one of the great statesmen of the past generation whose name I will not mention, always took a nap every morning, and he always pulled off the cover from the bed and put it on the floor and lay down on the floor. I was surprised to learn that, but a member of Congress told me he had been with him on lecture tours and had seen him do it. It is just one of those psychological reactions that some people have.

That was an all-white hospital, was it?

Mr. CARNAHAN. At North Little Rock?

The CHAIRMAN. Yes.

Mr. CARNAHAN. No. They have a few colored patients there in a separate ward.

The CHAIRMAN. And they get the same food and the same treatment as the white people?

Mr. CARNAHAN. So I was told.

The CHAIRMAN. I will say to the gentleman from Missouri that I visited that hospital last year and found, so far as I recollect, about the same conditions as the gentleman from Missouri has described.

Did you go to Excelsior Springs?

Mr. CARNAHAN. No, sir.

Mr. SCRIVNER. Mr. Bennett and I went to Excelsior Springs.

Mr. CARNAHAN. I might say in connection with the storage rooms, especially as to meats, that I did not know there was such meat in existence as I saw there.

The CHAIRMAN. Did you see any bacon?

Mr. CARNAHAN. Yes; bacon, smoked hams, and the finest meat in the world, just an abundance of it.

I noticed particularly their storerooms were in excellent condition. I had a chance to visit the storerooms in St. Louis, at Barnes hospital. While those at Barnes were in fine shape, I would say that the storage room was better kept at the veterans' hospital than it was at Barnes.

Mr. ENGLE. Looking back over the general picture of what you observed in those hospitals, did you see anything which to your mind justify the broad, sweeping charges made by the witness Maisel in his testimony here?

Mr. CARNAHAN. No. I could not see anything to justify it.

Mr. ENGLE. Looking at the broad picture, what can you suggest, if anything, that could be done by way of improving the service?

Mr. CARNAHAN. I think most of the suggestions that have been made here would be included in what I have to say. I think we ought to consider this civil-service requirement for employment of veterans. I think that should be given careful consideration.

Mr. ENGLE. How about the medical situation?

Mr. CARNAHAN. I mean, as applies especially to the doctors and the major personnel, at least. I thought that it might be well to establish an inspection division of the hospitals that is not under the direction of the Veterans' Administration.

Mr. ENGLE. Sort of on the line of the Inspector General's Office of the Army?

Mr. CARNAHAN. I am not too familiar with the Army set-up, but I believe there would be some merit in considering an inspection division for the veterans' facilities.

Mr. McQUEEN. Under a separate agency?

Mr. CARNAHAN. Yes.

Mr. ENGLE. The Army does have that?

Mr. McQUEEN. But that is under the Army?

Mr. ENGLE. They are more or less free and independent?

Mr. McQUEEN. Yes.

Mr. CARNAHAN. I think we should require the doctors and the major personnel to attend annual clinics, and I think they should be permitted to do that on Government time.

Mr. McQUEEN. Going back to the hospital at Jefferson Barracks and Barnes Hospital, and to your comparison, do the medical personnel consult with each other in those hospitals?

Mr. CARNAHAN. I do not know whether they do or not.

Mr. McQUEEN. It is generally understood that the Barnes Hospital probably has the best consultant staff in eastern Missouri, has it not?

Mr. CARNAHAN. Yes.

Mr. McQUEEN. You do not know whether they collaborate between themselves or not?

Mr. CARNAHAN. I did not ask about that particular point, but I am sure that some of the consultants for the veterans' facilities are connected with Barnes Hospital.

Mr. McQUEEN. Did you get well acquainted with Dr. German?

Mr. CARNAHAN. Only what I saw of him on this visit.

Mr. McQUEEN. Is he a local man, or where did he come from?

Mr. CARNAHAN. I do not know where he came from.

Mr. McQUEEN. He is a Missourian, is he not?

Mr. CARNAHAN. I do not know that.

Mr. ENGLE. Do you have some more suggestions?

Mr. CARNAHAN. There is one thing more, but it would apply, so far as I know, only to Jefferson Barracks and North Little Rock. I think the local transportation system should be given consideration.

Mr. ENGLE. The means of getting back and forth?

Mr. CARNAHAN. Yes.

(The documents referred to and submitted by the witness are as follows.)

Veterans' Administration facility, North Little Rock, Ark., medical staff

Ten graduates of representative, grade A, American medical schools.

Four graduates of foreign medical schools of good standing.

Two have had more than 20 years' experience in neuropsychiatric work.

One has had 10 years in neuropsychiatric work.

One approximately 8 years in neuropsychiatric work.

Three have had 2 to 3 years in neuropsychiatric work.

Four have had very little experience in neuropsychiatric work.

VETERANS' ADMINISTRATION,
North Little Rock, Ark., April 6, 1945.

Report as of Mar. 31, 1945, of authorized positions dealing directly with the care of patients submitted to member of Veterans' Committee, House of Representatives

Designation	Number authorized	Number filled	Number vacant	Changes during month	
				Gains	Losses
Clinical director	1	1			
Chief, acute service	1	1			
Chief, infirmary service	1	1			
Chief, physicians, medical service	1	1			
Chief, receptionist and out-patient service	1	1			
Medical officer ²	13	11	2		
Chief, Dental Service	1	1			
Associate dentist	1	1			
Dental mechanic	1		1		1
Dental assistant	1	1			
Oral hygienist	1	1			
Laboratorian, bacteriology	1	1			
Assistant laboratorian, bacteriology	1	1			
Laboratorian, roentgenology	1	1			
Assistant laboratorian, roentgenology	1	1			
Pharmacist	1	1			
Laboratory assistant, bacteriology	1	1			
Psychiatric social worker	3	2	1		
Physical director	1	1			
Librarian	1	1			
Chief librarian	1	1			
Recreational aide	1	1			
Chief, physical therapy technician	1	1			
Physical therapy technician	3	2	1		1
Junior physical therapy technician	1	1			
Chief aide, occupational therapy	1	1			
Head aide, occupational therapy	1	1			
Aide, occupational therapy	6	4	2		
Chief nurse	1	1			
Head nurse	5	5			
Nurse	54	37	17	2	3
Supervisor of attendants	1	1			
Head attendants:					
SP-5	2	2			
SP-4	10	10			
Hospital attendant:					
SP-3	86	83	3		
SP-2	143	119	24	9	13
Occupational therapy attendant	5	5			
Physical therapy attendant	3	1	2		
Barber	5	5			
Chief dietitian	1	1			
Head dietitian	1	1			
Dietitian	1		1		
Chief cook	1	1			
Head cook	1	1			
Cook:					
CPC-5	5	5		1	1
CPC-4	7	7		1	1
Baker	1	1			
Meat cutter	1	1			
Head waiter	1	1			
Mess attendant:					
CPC-3	12	12		1	1
CPC-2	30	27	3	2	3
Secretary to clinical director	1	1			
Secretary to chief receptionist and out-patient service	1	1		1	
Clinical clerk	1	1			
File clerk	1	1			
Stenographer:					
CAF-3	10	7	3		
CAF-2	4	2	2		
Eligibility clerk	1	1			
Medical routing clerk	1		1		1
Swine herdsman	1	1			
Total	447	384	63	17	25

¹ Filled by military assignment.

² 1 military assignment as supernumerary not included in this figure.

³ Filled by 1 civilian medical officer and 10 military assignments.

Veterans' Administration, North Little Rock, Ark.

MANUAL OF PROCEDURE—CLINICAL SERVICE

STATION CLINICAL BULLETIN

THE RECEIVING SERVICE

The receiving ward holds the key to the patient's future, his relief, his proper disposition after a diagnosis has been made, and his recovery or adjustment. He should remain long enough on this ward for a proper diagnosis and classification to be made, and it is here that his treatment is started.

The procedure on the receiving service at this facility is as follows:

Upon arriving at the hospital, the patient will be seen first by the receiving officer, or, after working hours, by the officer of the day, who will determine medical eligibility. During office hours, he will then be interviewed by the admission clerk, who will verify his eligibility other than as to medical considerations, execute all admission forms, and secure the necessary signatures. The accompanying attendant or relative is referred to the social-service worker, who secures all information possible regarding the patient's behavior at home, and especially the circumstances surrounding the necessity for his admission to the hospital. Following the interview by the admission clerk, the patient is conducted to the receiving ward by an attendant, and the patient's full name, his register number, etc., or a copy of the clinical record brief, is transmitted to the nurse in charge of the ward. Upon his admission to the receiving ward, the patient will be bathed, given pajamas, bathrobe and slippers, and assigned to a bed. The receiving officer is then called, and the admission examination is made, and therapy is initiated. This examination notes any physical defects, recent or old injuries, contagious or infectious diseases, and vermin. An adequate neurological and mental summary completes this examination, with notation as to whether the patient is suicidal or homicidal. The findings of this examination, together with a brief summary of the history and circumstances surrounding the admission of the patient, are then dictated to the admission clerk by the receiving officer (or officer of the day) in the form of an admission note, and a tentative diagnosis is made at this time to be used as a working basis for admission classification of patients as psychotic, other neuropsychiatric, general medical, or tuberculosis; and service-connected or non-service-connected. Unless otherwise indicated, the patient remains on the receiving ward, attired in pajamas, bathrobe, and slippers, until such time as examinations are completed and he is staffed for diagnosis and disposition.

If the patient has any valuables, they will be carefully checked by the receiving officer, who then completes Form 2636-A: Valuables and Miscellaneous Record, in duplicate, and the front of Medical Form 2637: Receipts for Valuables of Patients, places the valuables in the receptacle, and sends them to the supply officer, who in turn routes them to the central clothing room. The duplicate Form 2636-A will be signed and returned to the ward, to be retained in the ward folder as a receipt. If the patient has any funds, Form 2815: Preliminary Receipt for Patients Funds, will be completed and transmitted to the manager's secretary, together with the funds. A receipt for this deposit should be obtained.

At the time the patient is conducted to the receiving ward, all his clothing will be inspected and listed by the charge attendant on Form 2686-c: Personally Owned Clothing Record. With the exception of clean handkerchiefs, shoes, and socks, no clothing will be kept on the receiving ward. The clothing, together with the completed Forms 2686-c, in duplicate, will be sent to the central clothing room, where proper disposition will be made, and the duplicate copy of the Form 2686-c will be signed and returned to the receiving ward as a receipt to be filed in the patient's ward folder. In the presence of vermin or infection, the personnel of the central clothing room will be notified and requested to send the clothing to the laundry immediately for proper sterilization.

After working hours and on Sundays and holidays, the officer of the day will carry out the entire procedure for admission as set forth in the preceding paragraphs, including securing pertinent information regarding the case that the social-service worker obtains during office hours. He will complete the following admission forms: Form P-10: Application for Hospital Treatment or Domiciliary Care, on all patients admitted by direct application, unless a completed Form P-10 is on file in the "Accepted for admission file" in the office of the

clinical clerk; Form 404: Statement Regarding Dependents of Persons Receiving Hospital Treatment, Institutional or Domiciliary Care, on all patients admitted under authority of the Veterans' Administration, except observation cases; Form 2614-A: Clinical Record Brief on all admissions, being sure to obtain the social-security number; necessary mimeographed transportation forms (see chapter on "Transportation Furnished Beneficiaries for Admission to Hospital"); Form 2636-a: Valuables and Miscellaneous Record, in duplicate; and the front of Medical Form 2637: Receptacle for Valuables of Patients, if the patient has any valuables. If the patient has funds, Form 2815: Preliminary Receipt for Patient's Funds, will be executed and transmitted to the manager's secretary, together with the funds, the following morning. The signature of the patient or a responsible representative of an incompetent patient must be procured on the Forms P-10 and 404. As in the case of the receiving officer, before leaving the patient following admission, the officer of the day will prescribe any emergency treatment indicated.

The folder of a newly admitted patient will be prepared in the clinical records and files section and immediately placed in the file upon completion of all admission forms, letters, etc., where it will be available for the medical officer to whom the new case has been assigned. New admission cases will be assigned in rotation, and the physician in charge of the case must complete the physical and neurological within 48 hours and order all special laboratory, X-ray, and social data that will be necessary to complete the case for presentation before staff.

On the morning following his admission, the patient is interviewed by a board of three medical officers, including the clinical director, the receiving officer, and the physician to whom the patient is assigned for examination.

Routine temperature, pulse rate, and respiration rate will be taken and recorded twice a day for the first 3 days in all cases and will be continued for a longer period if indicated. If the patient is manifestly ill, he will be transferred to the infirmary service for proper care, his temperature will be taken every 3 hours, and a special chart will be kept. All treatment prescribed by the chief of the receiving service, the officer of the day, or any other physician will always be written on the "Ward surgeon's progress and treatment record," Form 2614-j, which is later filed in his clinical record. In addition, the receiving officer will make daily progress notes on this form showing in detail the patient's behavior and cooperation on the receiving ward, especially noting any evidence of psychosis, hyperactivity, depression, and suicidal ideas. All treatments, with the exception of initial emergency treatment or emergency treatment rendered after hours, etc., carried out on the receiving service, will be given under the direction of the chief of the receiving service. This eliminates the confusion of having a number of doctors treating patients on one ward and therefore makes for much better administrative efficiency. It shall be the policy of the hospital to institute treatment in the case of all psychotic patients immediately. Often this treatment will consist of physiotherapy and hydrotherapy, the schedule in individual cases being arranged by the chief of the receiving service and the physiotherapy department.

Nurses will use particular care in recording all treatments, medicinal, hydrotherapeutic, electrical, and occupational. Nurses will also note patient's behavior, general attitude, any unusual utterances, etc., and record the same on the "Nurse's Progress and Treatment Record," Form 2614-k.

As soon as possible after admission, the patient will be sent to the various departments constituting the medical clinic of the hospital, and the carrying out of this shall proceed in a regular manner insofar as possible. The necessary forms will be made out by the nurse in charge of the ward and forwarded to the various departments at the time the patient is sent for examination. The receiving officer will request routine dental examination on an extra copy of the clinical record brief, Form 2614-a, which will be forwarded to the chief of the dental service from the receiving ward. Form 2614-i is used in requesting laboratory examinations; Form 2614-h is used in requesting X-ray examinations; and specially provided mimeographed forms titled "Special Clinic" and "Special Examination" will be used in requesting all other examinations. Routine examinations in the clinic include the following:

Complete urinalysis.

Complete blood (red and white count, differential and hemoglobin estimation).

Throat smear.

Feces.

Dental examination.

Blood Wassermann and Kahn test.

If the patient does not have a successful vaccination for smallpox, this shall be done while he is still on the receiving ward.

As soon as the physician to whom the patient has been assigned has sufficient social data, history, etc., and has completed his examinations and observation of the new admission, the patient is presented at the staff diagnostic conference for diagnosis, recommendations for treatment, and disposition. It is the policy at this facility for new cases to be presented before the medical staff within 2 weeks.

All patients will be admitted through the receiving service, but a patient who, upon admission, is manifestly disturbed, noisy, assaultive, etc., will be sent immediately to the acute service for care and treatment. A patient who is showing active suicidal or homicidal tendencies will likewise be sent to the acute service, for special supervision and observation. A patient with symptoms of active pulmonary tuberculosis will be isolated on the infirmary ward until laboratory and X-ray work has been completed, and a definite diagnosis of tuberculosis has been established. He is then transferred to the tuberculosis service. As previously mentioned, if a patient is physically ill on admission, he will be transferred to the infirmary service for proper care and observation, unless his mental condition is such that this is not feasible. In that case, he will be given infirmary care on the acute service. If the patient is found to be infected with vermin or any contagious or infectious disease, he will be transferred immediately to the infirmary ward, placed in isolation, and the required treatment will be rendered. All other patients admitted to the hospital for either observation or treatment will be cared for on the receiving ward until completion of examinations and presentation before the medical staff for diagnosis and disposition.

Patients returning from leaves of absence and trial visits will also be admitted to the receiving ward for necessary observation and examination. Following a short period on this ward, they will be transferred to a suitable ward. If there has been no change in their physical or mental conditions, they should be returned to the wards from which they left. If there has been a change, either in the physical or mental condition, they should be transferred to the proper wards for indicated supervision or treatment. A complete account of each patient's condition on return will be recorded on Form 2614-j, "Ward Surgeon's Progress and Treatment Record."

The receiving service is one of the most important units in the facility, and the ultimate results that are to be achieved in each case depend a great deal upon the care and observation given a patient during his first few days of hospitalization. We must remember that even with the mentally ill people with whom we are dealing, the first impression may be a lasting one, so all personnel should be on guard and attempt to make it as pleasant as possible for the patient being admitted.

The CHAIRMAN. Is there anyone else ready to testify? If not, several will be ready about next Tuesday.

The committee will adjourn until next Tuesday morning at 10 o'clock.

(Whereupon, at 11:35 a. m., the committee adjourned until Tuesday, June 5, 1945, at 10 a. m.)

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45-27812

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH
A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY
OF THE ADMINISTRATION AND OPERATION OF
VETERANS' ADMINISTRATION FACILITIES

HEARINGS

BEFORE THE

COMMITTEE ON WORLD WAR VETERANS'
LEGISLATION

HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

FIRST SESSION

PURSUANT TO

H. Res. 192

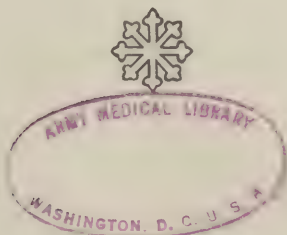
(79th Congress, 1st Session)

A RESOLUTION TO DIRECT THE COMMITTEE ON
WORLD WAR VETERANS' LEGISLATION TO
INVESTIGATE THE VETERANS'
ADMINISTRATION

PART 2

JUNE 5, 6, 7, 8, 1945

U.S. Congress, House
Printed for the use of the Committee on World War Veterans' Legislation



UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1945

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2 DEC '43

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INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

TUESDAY, JUNE 5, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. I believe I will ask the clerk to call the roll. The stenographer will take these proceedings.

The meeting is now 5 minutes after 10 o'clock. The clerk will call the roll.

(Whereupon, the roll call was taken by the clerk, the following members of the committee answering present: Messrs. Carnahan, Rayfiel, Huber, Mrs. Rogers, Messrs. Cunningham, Kearney, Scrivner.)

The CHAIRMAN. You may call my name.

The CLERK. Mr. Rankin, I beg your pardon. I have you up at the top.

The CHAIRMAN. Now the, according to vote of the committee the other morning, Mr. Deutsch will take the stand.

Mr. McQUEEN. Mr. Chairman, the last witness here was Mr. Carnahan, a member of this committee, and he neglected other than to put in his name.

FURTHER STATEMENT OF HON. A. S. J. CARNAHAN, A REPRESENTA- TIVE IN CONGRESS FROM THE STATE OF MISSOURI

Mr. McQUEEN. I would like to ask Mr. Carnahan, were you a member of the armed forces in the last war?

Mr. CARNAHAN. Yes, sir. I was in the Navy.

Mr. McQUEEN. And did you serve overseas?

Mr. CARNAHAN. Yes, sir, I served overseas.

Mr. McQUEEN. Do you have any of your family in this war?

Mr. CARNAHAN. I have a son in the Navy at the present time.

Mr. McQUEEN. Overseas?

Mr. CARNAHAN. No, he is in training at Great Lakes.

Mr. McQUEEN. At the Great Lakes. Do you belong to any veterans' organizations?

Mr. CARNAHAN. Yes, I belong to the Veterans of Foreign Wars and the American Legion.

Mr. McQUEEN. I think that is all unless Mr. Carnahan has something.

Mr. CARNAHAN. No.

The CHAIRMAN. Let the record show that Mr. Auchincloss and Mr. Allen have also come in.

The CLERK. Yes.

The CHAIRMAN. Several days ago certain members of this committee voted to recall this witness, said they wanted to ask him some questions.

I am going to ask Mr. Allen, of Louisiana, first, and I am going to alternate as I have been doing.

Do you have any question you want to ask this witness?

Mr. ALLEN. Not at present.

Mr. KEARNEY. Mr. Chairman—

The CHAIRMAN. Mrs. Rogers.

Mr. KEARNEY. I would like to ask some questions, but I would like to hear the testimony of Mr. Deutsch first so I can base the questions that I ask him on his testimony.

The CHAIRMAN. What testimony do you want? Mr. Kearney, I understood that you wanted to ask him some questions with reference to these materials.

FURTHER STATEMENT OF ALBERT DEUTSCH

Mr. DEUTSCH. Mr. Chairman, if I am permitted to, I have a prepared statement which summarizes some of my materials.

The CHAIRMAN. The same one you published heretofore?

Mr. DEUTSCH. Yes.

The CHAIRMAN. That has already been published. You published that in the newspaper and the committee has access to it so there is no reason to read it again. If these members are vigilant, they have already read it.

Mrs. Rogers, do you have any questions? Before we start let the record show that Mr. Gibson has also come in.

Go ahead, Mrs. Rogers.

Mrs. ROGERS. Mr. Deutsch, did you talk over the care of veterans with Colonel Ijams, Assistant Administrator, at all?

Mr. DEUTSCH. No; I did not, Mrs. Rogers. I did talk it over with Colonel Griffith, the medical director, and with General Hines, but I passed up Colonel Ijams, the Assistant Administrator, who serves as the route between the medical director and General Hines. I did not see Colonel Ijams.

Mrs. ROGERS. We were told that Colonel Ijams acted before they went to General Hines.

Mr. DEUTSCH. Yes. That the medical director had no direct access to the Administrator, but had to act through the Assistant Administrator.

Mrs. ROGERS. You wrote a book or books, did you not, on the care of the mentally ill?

Mr. DEUTSCH. That is right. The history of the mentally ill—the care and treatment of mentally ill in America.

I am also coauthor of History of Public Welfare in New York State.

Mrs. ROGERS. And Dr. White, the one-time head of St. Elizabeths Hospital, collaborated with you, did he not, in writing that book?

Mr. DEUTSCH. He wrote the foreword. The book is all my sole authorship, but he did write the foreword for it.

Mrs. ROGERS. Mr. Chairman, I would like to have that inserted in the record—the foreword.

The CHAIRMAN. No. If you are going into Dr. White, you go back into this other investigation in 1926, in which Dr. White was called before a committee about those soldiers that were incarcerated out there at St. Elizabeths that caused that upheaval, and I am not willing to go into the record of the antecedents of Dr. White unless it is necessary.

It is not a veterans' hospital at any rate.

Mrs. ROGERS. No; but you had veterans cared for there. You honestly had the beds of the veterans' hospital.

The CHAIRMAN. Well, I am not going to put anything that Dr. White said in this record. Now, if you want this witness to testify, he is at your disposal.

Mrs. ROGERS. That was the only book that you wrote on the mentally ill?

Mr. DEUTSCH. It was the only book, and I was on the editorial board of the centenary volume of the Psychiatric Association called One Hundred Years of Psychiatry, and contributed to the sections on mental hygiene and the history of psychiatry in the United States in the Civil War, two sections.

Mrs. ROGERS. Dr. White wrote the foreword?

Mr. DEUTSCH. It was very flattering, Mrs. Rogers.

Mrs. ROGERS. Other doctors felt that you had a good deal of knowledge of the mentally ill.

Mr. DEUTSCH. Thank you.

Mrs. ROGERS. You brought out in the book that some of them are not mentally ill, and I know you went into the history of the early days when people who were nervously upset were put in chains.

Mr. DEUTSCH. Yes.

Mrs. ROGERS. And one of the great reforms that was accomplished a good many years ago.

Mr. DEUTSCH. That is right.

Mrs. ROGERS. Mr. Deutsch, did you visit the Bronx Hospital at New York?

Mr. DEUTSCH. Yes, I did.

Mrs. ROGERS. What did you find the conditions were there?

Mr. DEUTSCH. Well, I was especially interested at the Bronx facility in their out-patient service for nervous-connected neuropsychiatric cases that did not require hospitalization, and I found that the point—Colonel Cook, the manager of the Bronx facility, Kingsbridge Road, told me that the three or four psychiatrists he had were so busy with pension-rating cases that they had no time to give to treatment for neuropsychiatric cases.

I would like to say this, that I consider that a minor part of my series was based on my actual visitations to the four facilities I visited.

I had done a good deal of documentary research, and a good part of my series is based on interviews with members of the Veterans' Administration here in Washington, and I was interested more in medical policy than in exposures of particular institutions.

As a matter of fact, I tried to avoid the exposé attitude in my series.

If I may refer—refresh my memory—by looking up my piece on Kingsbridge—

Mrs. ROGERS. This is the first time, Mr. Chairman, I have seen these, and I did not read your article, Mr. Deutsch, when they came out, so I have not had a chance to read what you actually said except the one or two articles.

Mr. DEUTSCH. I would have been pleased, if I had known, to send a set to each member.

Mr. ALLEN. I have not had a chance to see them either, Mr. Chairman. I see something right here that I know is very much incorrect, so far as it involves this Member of Congress.

The paper here I am sure is incorrect.

The CHAIRMAN. What is that, Mr. Allen?

Mr. ALLEN. Well, I see here in this article under date of January 8, 1945, Mr. Deutsch wrote in this article—

The CHAIRMAN. What paragraph?

Mr. ALLEN. This is about the first—

The CHAIRMAN. What page?

Mr. ALLEN. About the third paragraph of the first page. [Reading:]

Nobody doubts Hines' extraordinary skill as a politician who has consolidated and expanded his position under Republican and Democratic regimes alike.

He constantly consults Congressmen on appointments—and the Veterans' Administration is one of the fattest patronage agencies in the country. It is said that whenever a Congressman phones the VA for information, Hines insists on handling the call personally.

He always lends a sympathetic ear to Congressmen's requests for jobs in behalf of constituents.

I submit, Mr. Chairman, that there is not one line of that so as to Members of Congress.

General Hines certainly does not consult me about those things, and I have never yet—I do not recall that I have ever placed a single person with the Veterans' Administration.

Mr. GIBSON. I definitely have never called on him for an appointment, and he has never consulted me.

Mr. ALLEN. I may have recommended one or two men but, so far as being a haven for Congressmen, you are certainly in error there. I am sorry that you wrote a statement like that, because I do not think there is any basis.

I believe every member of this committee would say there is no basis for that.

Mr. RAYFIEL. I would say the witness relied too much on hearsay.

The CHAIRMAN. As far as the chairman is concerned every word of that statement is deliberately false.

Mr. DEUTSCH. Mr. Chairman, I resent the word "deliberately" false.

The CHAIRMAN. I say it is deliberately false.

Mr. GIBSON. Well, who made you do it?

Mr. DEUTSCH. Nobody made me do it.

The CHAIRMAN. You will not give your authority. You showed your contempt for the committee by not giving it, and you wrote that deliberate falsehood.

Mr. DEUTSCH. It was not deliberate, Mr. Chairman.

I do not pretend to a hundred percent accuracy in this series.

Mr. ALLEN. That statement is unfair to Members of Congress.

I do not believe if you will ask the 435 Members of the House that you will find—I doubt if you would find half a dozen of them would agree with your statement.

I do not think you will find a single member of this committee that will agree with that statement.

And it is a reflection not only upon General Hines, and I am not here defending General Hines, but it is a reflection on General Hines and on every Member of the House and on the entire Congress.

The CHAIRMAN. As far as I am concerned, as chairman of this committee, I have no patronage in the Veterans' Administration.

Mr. ALLEN. I have never sought any.

The CHAIRMAN. It has been my view to try to get the proper service rendered for the veterans, and as I said to General Hines the other day, I have never asked a political favor of him, and any statement to that effect is a deliberate falsehood.

Mr. GIBSON. Before you leave that I would like to ask the witness where he got that?

Mr. DEUTSCH. This information was based on conversations I had with a number of people whom I considered reliable, Mr. Gibson.

Mr. GIBSON. Can you name one person working for the Veterans' Administration in any capacity that was put there by a Congressman?

The CHAIRMAN. Ask him to give his authority.

Mr. DEUTSCH. Well, I have in my brief case, Mr. Gibson, an affidavit from a man that was in the Veterans' Administration for 14 years who does declare that he did use a Member of Congress—two Members of Congress—to try to get an appointment and a promotion.

Mr. CUNNINGHAM. Let us have the affidavit.

Mrs. ROGERS. Mr. Deutsch, I am willing to admit I have implored the Veterans' Administration to employ the disabled veterans of the World War.

I have a man in my district who had given his arm. And I have made suggestions of that sort many times.

And I believe that is what Members of Congress are here for.

The CHAIRMAN. Mrs. Rogers, you were interrupted. Go ahead.

Mrs. ROGERS. My understanding is—that is all right.

Mr. DEUTSCH. I would say, Mrs. Rogers, that I do not contend that Congressmen have no right to suggest appointments or promotions where they feel the man is qualified, and, in most instances that is the case, so far as I know.

Mr. GIBSON. You just wrote that for good writing.

The CHAIRMAN. Why did you write this smear then on the front page of this article about the third or fourth paragraph if you did not have any information to base it on?

Mr. DEUTSCH. I told you, Mr. Chairman, I based it on information I considered reliable at the time.

Mr. ALLEN. On one affidavit?

Mr. DEUTSCH. No. This affidavit came later, after I had written this piece.

I have torn up—being a newspaperman I do not keep notes on file indefinitely, and as I finish a piece I throw away whatever notes I have that I feel are of no further value to me.

The CHAIRMAN. Let Mrs. Rogers finish.

Mr. McQUEEN. I would like to put this affidavit in the record.

The CHAIRMAN. What is that?

Mr. McQUEEN. I would like to put this affidavit in the record.

Mr. DEUTSCH. Shall I read it?

The CHAIRMAN. Yes. If Mrs. Rogers wants it read.

Mrs. ROGERS. I do not mind.

The CHAIRMAN. Go ahead and read it.

Mr. DEUTSCH. (reading):

This is a true statement:

I received my medical degree at Washington University School of Medicine in St. Louis, Mo., in 1919. I interned at the Frisco Hospital in St. Louis, was house surgeon at the New York Skin and Cancer Hospital, and on the urological service of Bellevue Hospital, New York, under Dr. Edward L. Keyes, Jr. I was in private practice in St. Louis from 1922 to 1929, and in California from 1929 to 1931.

Late in 1930 or early in 1931, I applied for a medical position in the Veterans' Administration. I didn't get any action. I wrote to the United States Senator from my home State, Missouri, Senator Harry Hawes, requesting his intercession.

The CHAIRMAN. What year was that?

Mr. DEUTSCH. 1931.

The CHAIRMAN. Go ahead.

Mr. DEUTSCH (reading):

He got in touch with Dr. Charles M. Griffith, medical director of the Veterans' Administration, in my behalf. I received my appointment within a very short time thereafter.

I was assigned to Veterans' Administration facility at Portland, Oreg., where I remained from 1931 to the end of 1933. I was sent to the facility at Roseburg, Oreg., where I served as a ward surgeon until October 1937. I was classified fourth grade, at \$3,800 a year during that time.

When I was transferred to the Veterans' Administration facility at Bath, N. Y., toward the end of 1937 without a promotion, my friends in Roseburg interceded in my behalf, soliciting the interest of United States Senator Frederick Steiwer of Oregon. Senator Steiwer's office contacted the central office of Veterans' Administration in my behalf, and elicited the favorable responses shown in the attached correspondence. In June 1938, I was promoted to the fifth grade, at \$4,600 a year.

I served as chief of surgery at Bath from 1938 until my release from the station on April 5, 1945. I had sent in my resignation to the Veterans' Administration in June and November 1944. Brigadier General Hines had refused to accept my resignation. At my request, the United States Army placed me on the inactive list in April, enabling me to sever my connections with the Veterans' Administration. At the time of my release, I held an Army commission with the rank of lieutenant colonel and was in the sixth grade, civil service, professional and scientific grade 6, in the Veterans' Administration.

My reason for submitting my resignation to Brigadier General Hines, as stated in correspondence with him, was to get into active service with the armed forces and to maintain my self-respect as a medical practitioner.

It was my observation, during my 14 years of service with the Veterans' Administration, that medical ability is often rewarded by advancement, but that all too frequently political connections and political influence was the determining factor in obtaining promotions in the Veterans' Administration.

In correspondence with Representative Philip Philbin of Massachusetts and Senator Claude E. Pepper of Florida, I have stated my willingness to testify to the above-stated facts and others experienced and observed during my 14 years of Veterans' Administration service.

This statement was made by me on the third day of June 1945.

S. P. FUNKHOUSER.

The CHAIRMAN. That was signed then, after you were here before?

Mr. DEUTSCH. Yes.

The CHAIRMAN. So you did not have that affidavit when you wrote this article.

Mr. DEUTSCH. No; I did not. My article was based on conversations——

The CHAIRMAN. Before you get away from that, you stated he consulted Senator Steiwer, when?

Mr. DEUTSCH. 1937, I think it was.

The CHAIRMAN. 1937.

Of course all the intelligent people in this country knew that Senator Steiwer was not only out of Congress at that time, but I think the record showed he had been dead several years; had he not?

Mr. DEUTSCH. I think there is a letter here, too. There is a letter attached from Senator Steiwer.

The CHAIRMAN. I was in Oregon in 1937 and he was not in Congress then. I was well acquainted with Senator Steiwer.

Mr. DEUTSCH. Mr. Chairman, I have correspondence from Senator Steiwer's office dated 1937.

The CHAIRMAN. From Senator Steiwer's office dated 1937?

Mr. HUBER. The question is whether he was a member at that time.

Mr. DEUTSCH. It is on United States Senate stationery.

Mr. CUNNINGHAM. What is the point, Mr. Deutsch?

Mr. DEUTSCH. It merely is illustrative, Mr. Cunningham, of the type of material I got in preparing my series. I use it only as an illustration of that kind that——

Mr. CUNNINGHAM. But in your statement you included every Member of Congress. You have an affidavit——

Mr. DEUTSCH. I did not intend the implication.

Mr. ALLEN. You take a punch at 530 Members of the House and Senate, and that is unfair.

The CHAIRMAN. I reckon the source of that information is about as substantial as any of the information you used.

Mr. DEUTSCH. No; it is not.

Mr. VURSELL. May I ask the name of the other Senator he quoted?

Mr. DEUTSCH. Harry Hawes, H-a-w-e-s.

Mr. McQUEEN. He went out of the Senate in 1931—1933.

The CHAIRMAN. Mrs. Rogers.

Mrs. ROGERS. I am glad to repeat, Mr. Deutsch, I feel it is the duty of a Member of Congress if they know of any able person, especially disabled veterans, who would make good members of the Veterans' Administration, and I think Members of Congress should recommend them.

Many of them may be lost to the service while the veterans are having a great deal of difficulty getting into any department.

Down at Boston Navy Yard they do not have a chance.

The CHAIRMAN. But the mere fact a Congressman recommends somebody does not mean it is patronage. They do not have to appoint them.

I will say this for General Hines; he does not yield on that point.

Mrs. ROGERS. I do not think he yielded, because certainly he was not taking them in at one time, Mr. Chairman. He is taking more of them in now.

Mr. Deutsch, did you visit any hospitals in Massachusetts?

Mr. DEUTSCH. No; I did not.

Mrs. ROGERS. When you visited the Bronx was there a shortage of doctors there?

Mr. DEUTSCH. There was a shortage of doctors. It was not considerable. Mrs. Rogers. They had received a number of doctors reassigned from the Army.

They were desperately short of nurses and of social workers at the time.

Mrs. ROGERS. Am I correct in this? You are there in New York and I think you have checked up on this. For a time there was quite an increase in the number of nurses.

Is that not true?

Mr. DEUTSCH. Yes. For a time. They got a stream of cadet nurses.

Mrs. ROGERS. And recently that number is less, a great many of them resigned.

Mr. DEUTSCH. Well, according to General Hines himself he expected a shortage of 3,000 nurses by July 1, 1945.

Mrs. ROGERS. Did you investigate the background of the doctors there at the Bronx?

Mr. DEUTSCH. To some extent, Mrs. Rogers.

Mrs. ROGERS. Are they skilled in the case of the nervously ill, the psychiatric services?

Mr. DEUTSCH. Well, the chief of the psychiatric service was Maj. Joseph H. Toomey who had been in the Veterans' Administration for 22 years.

He was not a member of the Board of Neurology and Psychiatry, which is a specialty board for psychiatry; and he was the chief of the psychiatric staff, and when I asked how often they had given out-patient treatment, when they had it, he said "once a month."

Some patients and their relatives and a couple of doctors at Kingsbridge Road said that treatment just consisted of giving the men sedative pills each time they came.

Mrs. ROGERS. Did you see any man being given the electric shock treatment?

Mr. DEUTSCH. Kingsbridge Hospital has only a very small ward for psychiatric patients.

Most of them are neurological patients, as a matter of fact, and they give no electric shock treatment at Kingsbridge, although they do at Northport, which is a neuropsychiatric facility for the middle States area, Connecticut, New York, some of Pennsylvania, I think.

Mrs. ROGERS. Do they have baths there?

Mr. DEUTSCH. The hydrotherapy room was very good, in my opinion.

Mrs. ROGER. They did not give the pills then?

Mr. DEUTSCH. No; that was Kingsbridge. At Northport, except for four or five patients, according to the manager, there is no out-patient psychiatric treatment.

Mrs. ROGERS. Have you investigated the background of the doctors in the medical section of the Veterans' Administration? I mean covering the entire work, not only the central office but in the hospitals?

Mr. DEUTSCH. Well, I have made no personal investigation of the background of doctors, except as I came in contact with them and talked to doctors in the Veterans' Administration about themselves and their colleagues.

However, I will say this, the members of General Hines' special medical advisory group are making such a study and have been making

such a study for the past several months, and I would respectfully suggest to this committee that members of this special medical advisory group which General Hines appointed in December and thereafter, be called for expert testimony.

Mrs. ROGERS. Then you have no views as to the percentage of doctors who are able in the Veterans' Administration today?

Mr. DEUTSCH. Well, let me put it this way, Mrs. Rogers, I talked to Col. John H. Baird, Assistant Medical Director, in charge of psychiatry, and in one of my talks with him I asked him how many psychiatrists in the Veterans' Administration were members of the American Psychiatric Association, and he said he did not know.

And I asked him how many were members of the Board of Neurology and Psychiatry, and he said he did not know.

And I asked him how they chose their psychiatrists in the Veterans' Administration, and he said:

When we need one we send a requisition to the Civil Service Commission.

I asked them if they had any special facilities for determining, and he said:

No, all they require is graduation from a medical school and an internship; so far as I know there are no standards for choosing the specialists in the Veterans' Administration. There is just this one civil service standard for general practitioner and surgeon and psychiatrist and neurologist and radiologist alike.

Mrs. ROGERS. Did you find any evidence of abuse of veterans in the veterans' hospitals?

Mr. DEUTSCH. When I visited the facility at Northport, Long Island, Mrs. Rogers, I was given an opportunity to go through the accident book of the institution, which was extremely well maintained, accident records were very complete, and although I did see black eyes on the wards and scratched faces on the wards, and there were certain instances of where patients charged brutality to the attendants, on the whole, I was very favorably impressed, and said that in my article on Northport.

I said I had seen no visible evidence of unusual brutality, and, as a matter of fact, I praised the institution.

My only reference to any actual brutality in the Veterans' Administration was my reference to Lyons, which had been a subject of a 7 weeks' investigation of General Hines himself.

Mrs. ROGERS. Veterans have been restrained there, I understand.

Mr. DEUTSCH. I understand that, too, and I did say that in my series.

Mrs. ROGERS. You see, I have not read the articles, Mr. Deutch, and that is the reason I am asking you more questions than I would have to ask you otherwise.

Your recommendations are along the line of more training for the personnel?

Mr. DEUTSCH. That is right.

Mrs. ROGERS. And more personnel. Am I correct in that?

Mr. DEUTSCH. I did say this at Northport: We went through a chronic ward, deteriorated ward, and there was a man in a manic state who was running around in circles and crying, "I am going to kill everybody; I am going to kill everybody."

You see a great many such cases, and they are absolutely harmless and incapable of action, but the attendant was standing outside the

door and as we came along he said, "We have to get rid of this patient; he is going to kill me," and the occupational therapy man who was taking me through the ward assured the man and said, "This patient cannot do harm to anybody," but the attendant's eyes were bulging and he showed the evidence of no training at all.

This was a kindly attendant and with training could make a good one, but he does not understand the mentally sick, and when he is afraid, becomes defensive and sometimes becomes physically brutal in self-defense.

Mrs. ROGERS. That is Major Toomey's ward.

The CHAIRMAN. Mrs. Rogers—

Mrs. ROGERS. That is all right.

The CHAIRMAN. No; go ahead. The others want an opportunity to question this witness when you get through.

Mrs. ROGERS. No; because I have taken up quite a bit of time. Mr. Chairman. And the morning is going; I came early and I want them to have a chance.

Mr. RAMEY. Do you yield?

Mrs. ROGERS. Yes; I am yielding to everybody.

Mr. RAMEY. Do you not think it is also the duty of a Member of Congress when he finds somebody who is woefully incompetent to also apprise the general of that?

Mrs. ROGERS. I always think of that. Some years ago I recommended that a manager be removed. I said I would never go into his hospital again.

Later that man was removed, and they found he was operating a still opposite the hospital.

So that answers that question.

Mr. RAMEY. Yes.

Mrs. ROGERS. I will give the committee the man's name in executive session.

The CHAIRMAN. What was that, Mrs. Rogers?

Mrs. ROGERS. Running a still opposite the hospital.

The CHAIRMAN. He ran a still?

Mrs. ROGERS. Yes.

The CHAIRMAN. Wait a minute. That is interesting.

Mrs. ROGERS. I do not know that he is alive today. That was a good many years ago.

The CHAIRMAN. Do you mean there was a man in the Veterans' Administration operating a still?

Mrs. ROGERS. Yes.

The CHAIRMAN. Do you know who it was?

Mrs. ROGERS. I will tell that in executive session. He is out of the Bureau now.

The CHAIRMAN. You have told the rest of it. To be frank with you, I would probably be the last one to be approached to sell wildcat liquor to.

I have been on this committee ever since it was created.

Now, you said there was a man in charge of a veterans' hospital—

Mrs. ROGERS. They found he was running a still.

The CHAIRMAN. He was engaged in running a still?

Mrs. ROGERS. That is right.

The CHAIRMAN. How long ago has that been?

Mrs. ROGERS. A good many years ago.

The CHAIRMAN. About how long?

Mrs. ROGERS. A good many years ago.

The CHAIRMAN. Was he the manager of the hospital?

Mrs. ROGERS. He was the manager of the hospital; yes.

The CHAIRMAN. Would you mind then just telling us what State that was in?

Mrs. ROGERS. I am not going to tell you now. I will tell you later on.

The CHAIRMAN. What is there secret about it?

Mrs. ROGERS. I would rather not bring the man's name in on it. I will give you the information.

The CHAIRMAN. All this stuff is going out for the press, and I think the committee ought to have this information now.

Mrs. ROGERS. He is not in the Veterans' Administration now.

Mr. GIBSON. Well, why bring it up?

Mr. RAMEY. That was to answer my question.

Mrs. ROGERS. I was not a Member of the Congress at the time.

The CHAIRMAN. What year did you come in?

Mrs. ROGERS. 1925.

The CHAIRMAN. Then it was before 1925?

Mrs. ROGERS. Yes.

The CHAIRMAN. Was it before 1923?

Mrs. ROGERS. Wait a minute, Mr. Chairman. It was in 1922, I think. I was inspecting hospitals at the time. It may have been after 1925 when he was removed, but I found it out before 1925.

The CHAIRMAN. You found it out in 1922?

Mrs. ROGERS. 1922 or 1923.

The CHAIRMAN. Then when did you give the information—

Mrs. ROGERS. The Veterans' Administration, I told General Hines I did not like the way he did.

The CHAIRMAN. Now, General Hines was not in the Veterans' Administration in 1922.

Mrs. ROGERS. Then it must have been 1924.

The CHAIRMAN. General Hines came in—

Mrs. ROGERS. General Hines was in the Veterans' Administration.

The CHAIRMAN. When did you find out, Mrs. Rogers?

Mrs. ROGERS. I will have to get you the date on that. I will get it for the record if you want it.

The CHAIRMAN. I should like to have it because this is the first I have ever heard of it.

Mrs. ROGERS. It has nothing to do with this investigation.

The CHAIRMAN. I think you should have by all means given this to Mr. Deutsch. I think it would have been in line with what he has published.

Mr. AUCHINCLOSS. Mr. Chairman, I understand the witness has a statement to make. Would it not be proper to hear the statement? I would like to hear it and then we may be able to question him on his statement.

The CHAIRMAN. All right. Go ahead.

Before you start in on that statement I wish to make this statement to the lady from Massachusetts.

In 1926, of course, when Forbes went out it took a long time to straighten out the Veterans' Administration.

We found there was a man here running a lunacy racket. He had 98 veterans in St. Elizabeths he was guardian for, and 22 other people.

Everytime this old Dr. White, they called him at that time—I understand he had gone by another name before he came here——

Mrs. ROGERS. I was at the hearings.

The CHAIRMAN. Yes. And everytime a man would be thrown in that hospital this Dr. White, so-called psychiatrist, would call this other man up, he would go in court and have himself appointed guardian for this man.

They had nearly a million dollars of these men's money here in Washington, and this other man was drawing \$25,000 or \$30,000 a year as their guardian, paid little or no attention to them, and he got himself elected as director of a bank.

He and White had summer homes up in Vermont, and when they were called on for impeachment I had to lead the fight; I had a fight with a lawyer on the other side; and we went out with writs of habeas corpus and turned 19 of those men loose.

The court held they were sane, and yet with the connivance of this man White, or with his aid and probably consent, he was keeping those poor men in that hospital and making—getting rich, you might say, out of the proceeds.

Now, for that reason I did not care to go over it. Dr. White is dead now, and the lawyer on the other side is dead.

The majority of the committee are out of Congress now.

I do not care to go into the record of Dr. White, and this psychiatric racket has been going on all over the country, and it is going on now, and I prefer to leave Dr. White out of the record. And for that reason I am not going to let the statement go in.

But there are some other things about that—horrible things about that incarcerating of those veterans out there.

Mrs. ROGERS. There is no need to brand them as crazy.

The CHAIRMAN. I just wanted to explain why I object to that statement of Dr. White's going into the record, since he is not here to defend himself.

Mr. DEUTSCH. Mr. Chairman, I would like to say I considered Dr. White one of the grandest men I have ever known. He was considered a leading psychiatrist of his time.

The CHAIRMAN. I am not surprised at your statement.

Mr. GIBSON. That is just a matter of opinion. We have his record.

Mr. AUCHINCLOSS. May we have his statement?

The CHAIRMAN. You have been sworn?

Mr. DEUTSCH. I have been sworn. [Reading:]

I am glad to appear before this committee to present my views on the Veterans' Administration program. It would give me great pleasure if my personal observations and research prove of some assistance to a broad congressional investigation of the VA.

In the course of my own survey, covering a period of 5 months on a part-time basis, I visited four Veterans' Administration facilities. An assistant reported to me on a fifth. I interviewed at least 100 of Veterans' Administration officials and rank-and-file employees, talked to doctors in and out of the organization and corresponded with others who had had an opportunity to observe conditions in veteran hospitals. This journalistic survey resulted in two series published in the newspaper PM. I confined my study almost exclusively to the medical care program of the Veterans' Administration, which will ultimately cover nearly 20,000,000 veterans of this and previous wars. My series

was concluded with six articles devoted entirely to recommendations for improving the present setup.

I found no evidence of financial corruption or abuse of any kind in the administration of veterans' affairs. The present Administrator, General Hines, was placed in his post in 1923 to clean up the financial chicanery and fraud that created a national scandal at the time, and he did a good job. He made the agency dollar-honest. But dollar honesty is not enough to assure adequate services for sick and disabled veterans. Other types of defects have developed which seriously impair the medical and hospital service to World War II vets. I found much that was good and much that was bad in the Veterans' Administration's medical program. The good is only what the veterans deserve. The bad can be largely eliminated through a prompt and thoroughgoing reorganization of the Veterans' Administration. It is—

The CHAIRMAN. Would it not be just as well, you have published that in the paper time and time again, to just insert it in the record?

Mr. AUCHINCLOSS. Well, I have not read it, if the witness wants to make this statement—how long is it?

Mr. DEUTSCH. Four or five pages.

Mr. AUCHINCLOSS. Mr. Chairman, are there copies available for the members to read?

The CHAIRMAN. It was published in a daily paper just after he was here before.

Mr. AUCHINCLOSS. The whole statement?

The CHAIRMAN. The whole statement.

Mr. AUCHINCLOSS. And that is available?

The CHAIRMAN. That is available to the members, so why should we take up time to read it now?

Mr. DEUTSCH. I published it after I was refused the right to read it here.

The CHAIRMAN. I am willing to have him submit that statement for the record.

Mr. AUCHINCLOSS. Well, I would like to read it.

The CHAIRMAN. The members here demanded the other day that we call this witness back, over my protest.

Mr. SCRIVNER. It was not requested that he be called back today. It was suggested that he not be called back today, so we could read these things.

The CHAIRMAN. Have them printed at Government expense—

Mr. SCRIVNER. There was not any request that he be called back today. As a matter of fact, it is just the opposite, that he should not be called back today.

Mr. AUCHINCLOSS. That is correct.

The CHAIRMAN. The record shows that he was to be called back today. The minutes show it.

Mr. SCRIVNER. I do not know what the minutes show, but when he left here he stated he was going to be on a 2- or 3-week assignment and I suggested that he be permitted to read them. These copies have just come to our attention this morning, and I distinctly recall that not only once but two or three times it was suggested that he not be called back—

The CHAIRMAN. Do you want him to read this statement in the record?

Mr. SCRIVNER. I do not know what the statement is. There are four newspaper columns and if we have copies of it to look over, it will save considerable time.

The CHAIRMAN. Go ahead, Mr. Deutsch. I think that would be better than to have some other members come in next time and say they have not read it.

We are not going to stall on this thing all summer if we can help it. I want to get through with this and get down to the legislation to take care of the servicemen of the country.

Mr. SCRIVNER. There is no intention on the part of any member to stall this investigation.

Mr. KEARNEY. Mr. Chairman, is there any objection of taking this today and reading it so we will know what is in it?

The CHAIRMAN. Six copies cost \$60, I believe, and they said to have one for every member would cost \$173, and it was decided by the committee the other day that we could get by on this number.

Now, any member of this committee could have gone to the Library and read every word of this stuff at any time within the last 30 days, or since it was first published.

Now, go ahead and read it.

Mr. RAYFIEL. Mr. Chairman, I notice this set is not complete. I do not see the installment that dealt with Northport.

The CLERK. That was as many as they could get ready this morning. This afternoon they will have some more.

The CHAIRMAN. Let him read this statement. I think we will get through faster than quibbling about it.

Mr. DEUTSCH. This is based on what part of my statement?

The CHAIRMAN. You swear that the statement you are making there is true?

Mr. DEUTSCH. Yes.

The CHAIRMAN. All right.

Mr. DEUTSCH (reading):

It is bad enough to have earned for veterans' hospitals the appellation of "the backwaters of American medicine" within medical circles.

Perhaps the darkest aspect of the VA medical program lies in the treatment, or lack of it, for neuropsychiatric cases, especially those requiring out-patient or clinical care. This group constitutes an important section of VA patients, comprising almost two-thirds of the total hospital population. Certainly, the New York area, extremely rich in psychiatric resources, should be able to furnish adequate treatment.

The Veterans' Administration neuropsychiatric facility at Northport, Long Island, was about 20 percent overcrowded when I visited it. Beds were crowded closely in wards and day rooms had been converted into sleeping quarters. I have visited many mental hospitals in my time, but I have seen few in the northeast area where so many patients were abandoned to deteriorating idleness as seemed to be the case in this one. I rarely saw a doctor or nurse in the wards I passed through. I did see doctors at office desks involved in paper work.

The CHAIRMAN. Just a moment.

Would it suit you, Mr. Auchincloss, to question about these things as we go along?

Mr. AUCHINCLOSS. Well, I would like to get all of it in the record.

The CHAIRMAN. Well, the trouble is you are not making notes and he is making statements on which we ought to check as we go along.

You say two-thirds of the cases in the veterans' hospitals are mental cases?

Mr. DEUTSCH. 41,000 or 42,000 out of 72,000 patients.

The CHAIRMAN. What hospital was that you were talking about last?

MR. DEUTSCH. The neuropsychiatric hospital at Northport, Long Island.

THE CHAIRMAN. You are particularly interested in neuropsychiatric cases, of course.

MR. DEUTSCH. That is right.

THE CHAIRMAN. You have been writing a book on neuropsychiatrics. Is that what you call it?

MR. DEUTSCH. Psychiatric patients.

THE CHAIRMAN. You are not a doctor?

MR. DEUTSCH. No.

THE CHAIRMAN. You have never been to medical school?

MR. DEUTSCH. No.

THE CHAIRMAN. You have never studied medicine a day in your life?

MR. DEUTSCH. No.

THE CHAIRMAN. Never practiced medicine a day in your life?

MR. DEUTSCH. No.

THE CHAIRMAN. But you consider yourself an authority on neuropsychiatrics?

MR. DEUTSCH. I do not consider myself an authority. I consider myself a writer on the subject.

THE CHAIRMAN. You have written a book, and you are complaining of shortness of psychiatrists in most of your statement up to now. You are concentrating on the neuropsychiatric patients—that is, the mental patients.

MR. DEUTSCH. That is right.

THE CHAIRMAN. And you say two-thirds of the men in these veterans' hospitals are neuropsychiatric cases.

MR. DEUTSCH. That is right.

THE CHAIRMAN. Has the American Medical Association ever recognized your ability in this field?

MR. DEUTSCH. Well, it is a question of my qualification to discuss this particular subject—I have here a leaflet on my book which contains excerpts.

THE CHAIRMAN. Your book is being considerably advertised by you in all these writings.

MR. DEUTSCH. It is out of print now, Mr. Chairman, so it does me no good.

THE CHAIRMAN. It probably got in the wrong hands. It probably should have gone to neuropsychiatrists only.

MR. AUCHINCLOSS. May we go ahead?

THE CHAIRMAN. Yes. But here is a man who poses as an authority on neuropsychiatry.

MR. RAYFIEL. He insists he is——

MR. GIBSON. He admits he is an authority.

MR. DEUTSCH. I admit nothing of the kind. I said I regard myself as a reliable writer on the subject.

MR. AUCHINCLOSS. May we have the statement?

THE CHAIRMAN. Go ahead.

MR. DEUTSCH (Reading):

Attendants in wards were, for the most part, mere watchmen over the patients, not therapeutic aids. The middle-aged attendant on one ward stood outside the door, showing manifest terror at the antics of a perfectly harmless patient who was running around aimlessly shouting impotent threats. This was a deteriorated, or chronic, ward.

The CHAIRMAN. Where was that?

Mr. DEUTSCH. Northport.

The CHAIRMAN. Northport, Long Island?

Mr. DEUTSCH. Long Island.

The CHAIRMAN. New York.

Mr. DEUTSCH. Yes. [Reading:]

The physical appearance of the hospital, as of the other VA facilities I visited left nothing to be desired. It was beautiful. The food was excellent, the kitchen clean. The physiotherapy and occupational therapy departments seemed to operate efficiently and well. But in most other respects, there was an atmosphere of medical inaction that overhung this institution housing 2,800 patients.

When I asked Col. Louis F. Verdel, manager of the Northport facility, for a copy of his annual report, I was surprised when I was told there was none, and that none was required by Washington headquarters beyond a mere list of patients at the end of the year.

Every modern public and private mental hospital I know of has a carefully prepared medical annual report, which has more than mere statistical significance. It breaks down the patient population on the basis of medical diagnosis, schizophrenics, maniac depressives, and so forth, and lists the number admitted, discharged, unimproved, improved, and recovered. It not only affords a picture of types of cases treated, but an index to the effectiveness of treatment.

The CHAIRMAN. You say the food was good at other hospitals you visited. What about Northport?

Mr. DEUTSCH. I said the food was very good.

The CHAIRMAN. You said that about all the hospitals you visited?

Mr. DEUTSCH. That is right. I visited four hospitals.

The CHAIRMAN. You found nothing wrong with the food?

Mr. DEUTSCH. Nothing wrong when I was there.

Mr. ALLEN. This is a pretty good statement with reference to the food.

The CHAIRMAN. Go ahead.

Mr. DEUTSCH (reading):

There was only one social worker at this institution accommodating 2,800 patients. At least three more were needed, but the Veterans' Administration has been unable to recruit anywhere near enough of these professionals at the low base pay it offers, \$2,000 a year. The importance of these social workers in tracing vital social histories, contacting families and following up discharged patients and helping them adjust to normal life is universally recognized. The need is equally acute in facilities for the tuberculosis vets, yet three of the 13 Veterans' Administration tuberculosis hospitals were without a single social worker.

General Hines had mentioned proudly the Neuropsychiatric Research Center at Northport, which is supposed to conduct the research and training activities for the 30 psychiatric facilities operated by the Veterans' Administration. He suggested that I visit it, by all means. I found that this highly touted research center consisted of but two doctors, a chemist, a bacteriologist, and a stenographer crowded in a small part of the facility. The total budget for all Veterans' Administration psychiatric research amounted to only \$25,000 a year, pitifully inadequate and maintain a really serious program for so large an operation. Only 17 psychiatrists had been trained at this center since its establishment 2 years earlier. The Army Neuropsychiatric Division had given psychiatric training to more than 200 young doctors in the same period.

I couldn't help but contrast this ridiculously small unit with the New York State Psychiatric Institute, also a research and training center servicing 23 State hospitals, with its 20 psychiatrists and scores of laboratory scientists.

The CHAIRMAN. We do not have anything to do with the New York State Hospital.

Mr. DEUTSCH. I said I was contrasting the research program.

The CHAIRMAN. And how do they compare?

Mr. DEUTSCH. Well, there was just the small unit, one or two psychiatrists in a little corner of the institution, compared—and there are 41,000 or 42,000 neuropsychiatric patients in Veterans' Administration hospitals, compared with the New York State mental hygiene departments, Psychiatric Research Center, which has 20 doctors, has a 20-story building—20 psychiatrists, I should say, besides other medical men, and scores of medical aids.

The CHAIRMAN. Did you know they had more people in the insane asylums in the State of New York than we have neuropsychiatric patients in all the Veterans' Administration?

Mr. DEUTSCH. Yes. But the difference is not as 2 to 20.

The CHAIRMAN. What?

Mr. DEUTSCH. 2 to 20.

The CHAIRMAN. You have the highest percentage of insane people in your insane institutions in New York of any State of the Union.

Mr. DEUTSCH. That is purely due, sir, to the fact that New York provides more facilities than most of the States of the Union, and it is a historical fact that the more facilities you have for taking care of the mentally sick the more you have—

The CHAIRMAN. I was wondering if it was not because you had more psychiatrists to spread around up there.

Mr. DEUTSCH (reading):

Most medical authorities I talked to agreed that the research program of the Veterans' Administration, vital to a well-functioning medical institution, was shockingly inadequate in general.

This veterans hospital at Northport was reputed to be an especially active center of electric shock treatment, but I found but one electric shock machine there and only 51 patients under this form of treatment.

Colonel Verdel told me there were only a few veterans receiving out-patient or clinic treatment at his institution, but said that the Kingsbridge Road facility in New York City had a large out-patient department for psychiatric patients.

But at the Kingsbridge Road Hospital Maj. Joseph H. Toomey, chief psychiatrist there, told me only a few vets were getting out-patient psychiatric treatment, and that visits averaged only one a month per case.

Any competent psychiatrist will tell you that one treatment per month is no better than no treatment at all.

Colonel Cook—and, incidentally, I did praise Colonel Cook in my series—

Col. Charles F. Cook, manager of the Kingsbridge Road facility—and a good one, I must say—later informed me:

"We aren't providing any out-patient treatment at all."

Still later, I heard Col. John M. Baird, chief of the Veterans' Administration neuropsychiatric division at central headquarters, flatly state before a medical meeting in Washington:

"We have been so busy in the last couple of years examining men for pensions and compensation that our psychiatrists have not had time to give any treatment on an out-patient basis."

I should make it clear that only veterans with service-connected psychiatric ailments are entitled to out-patient or clinic treatment. They aren't getting it, according to Veterans' Administration authorities themselves.

The gravity of this gap in psychiatric facilities may be grasped by the knowledge that only a small percentage of neuropsychiatric patients require hospital care; the great majority are in need of only out-patient treatment. Patients with mild disorders who don't get such treatment in the early stage of their illness frequently wind up as serious cases requiring hospital care for prolonged periods.

Last January Dr. William A. Holla, health commissioner of Westchester County in New York State, strongly criticized the neglect of psychoneurotic vets by the Veterans' Administration. He said:

"We are picking up more and more mentally disabled veterans wandering on our streets, confused, sometimes unable to tell who they are or where they live. Some of them are getting entangled with the law and are imprisoned when what they need is medical treatment."

Commissioner Holla cited the case of a World War II vet, physically and mentally disabled, who was arrested and taken before a county judge on charges of committing nine criminal acts within a week. Investigation proved that this man was a mental case entitled to psychiatric treatment as a veteran. He hadn't received it.

Another veteran discharged on neuropsychiatric grounds was found sitting on the curbstone of a White Plains street at 2 o'clock in the morning. He was picked up by the police as being drunk and disorderly. An examination showed he wasn't drunk but mentally confused. His record revealed that he had been discharged as "unimproved" after 6 months at the Veterans' Administration hospital at Lexington, Ky. Dr. Holla stated that he had made a long-distance call to the Kentucky facility in an effort to arrange for readmission of this patient. He was informed, according to his statement, that the veterans' hospital couldn't take the man back, that it was full and didn't have enough doctors to care adequately for the patients already hospitalized.

"I could give you many similar instances where psychoneurotic vets have been picked up on our streets, helpless or in trouble," Commissioner Holla told me. "Something must be done at once to assure proper care for this type of case. The situation is not peculiar to Westchester County but exists throughout the United States of America. It seems to me that the Veterans' Administration should have new hospitals erected to care for them."

Here are several case histories of World War II vets I got out of social agency files in New York City:

A 30-year-old vet discharged from the Army because of a nervous condition went to the Kingsbridge Road Veterans' Hospital for treatment. He was given a diet sheet, a bottle of pills, and told to "take it easy." He was also advised to consult his family doctor for further psychiatric treatment, although entitled to Veterans' Administration care. He had no family doctor. When last heard of, he was jobless.

A New Yorker who enlisted in the Army Air Corps at 20, shortly after Pearl Harbor, saw service in the South Pacific until he was badly burned in an airfield explosion. He was hospitalized in an Army hospital, recovered from his burns in 5 months, but emerged with a nervous condition and was discharged as a psychoneurotic. The Veterans' Administration gave him a 10 percent disability rating, but made no effort to furnish him with needed psychiatric treatment or help him adjust to civilian life. For months he wandered about the city in a dazed condition——

The CHAIRMAN. What was that man's name?

Mr. DEUTSCH. I got this from a social agency file and the name was not given me.

The CHAIRMAN. You did not get the name of the other man, either?

Mr. DEUTSCH. I have the names of some of these men.

The CHAIRMAN. Well, when you come to them give the names. We want the names for the record.

You are reading some statement you published?

Mr. DEUTSCH. That is right.

The CHAIRMAN. It was published in the paper called PM.

Mr. DEUTSCH. If I may just conclude with my——

The CHAIRMAN. Go ahead and read it. I am not trying to interrupt you. The committee wants to hear you, so go ahead.

Mr. DEUTSCH (reading):

For months he wandered about the city in a dazed condition, unable to find anchorage, getting worse steadily. Finally he came into the hands of a private social agency which arranged for psychiatric treatment.

The latest Veterans' Administration figures on out-patient treatment reveal a shocking picture of neglect. In December 1944, a total of 23,770 vets received out-patient service through the Veterans' Administration, nearly 2,000 less than were treated in the month before Pearl Harbor. This in spite of the great increase in the number of patients requiring such treatment.

The CHAIRMAN. Now, you know, as a matter of fact, that the ones who suffered as a result of the war and have not been discharged are in Army and Navy hospitals.

Mr. DEUTSCH. There have been 1,500,000 discharged.

There are some 450,000 men who are getting disability pensions now.

The CHAIRMAN. We have no responsibility for Army and Navy hospitals.

Mr. DEUTSCH. I understand that, sir.

The CHAIRMAN. Go ahead.

Mr. DEUTSCH (reading):

For many months the National Committee for Mental Hygiene and other notable agencies and individual authorities have urged the Veterans' Administration to contract with private, nonprofit psychiatric clinics to provide out-patient care for service-connected cases that can't be handled by the existing Veterans' Administration facilities. Finally, the Veterans' Administration got around to trying to arrange such contracts. It has been done hesitatingly and fumblingly. Thus far, to my knowledge, not a single contract has been signed. Veterans in need of psychiatric treatment still walk the streets untreated.

The CHAIRMAN. What kind of contract do you say has not been signed?

Mr. DEUTSCH. By the Veterans' Administration with private, nonprofit psychiatric clinics in communities.

The CHAIRMAN. In other words, you are complaining that the Veterans' Administration have not been going out and employing individual psychiatrists or making contracts with individual psychiatrists?

Mr. DEUTSCH. Nonprofit clinics. I said nothing about individual psychiatrists.

The CHAIRMAN. Now, you are amply provided with psychiatrists in New York State, are you not?

Mr. DEUTSCH. No; we are not.

The CHAIRMAN. You have more in New York State than any other State in the Union, do you not?

Mr. DEUTSCH. I think that is correct.

The CHAIRMAN. And you have more insanity per capita, that is, more insane people in your insane institutions.

Mr. DEUTSCH. We haven't more mentally diseased people per capita, sir. We have more patients per capita than most other States.

Mr. RAYFEL. Just giving better care, Mr. Chairman.

Mr. DEUTSCH. That is the truth, so far as I know.

The CHAIRMAN. I am sure you are giving better care because you have so many of them compared with other States.

I wonder if you have ever checked up to see if those psychiatrists have people in there who are not insane and who have funds for the psychiatrists' friends to administer on, as was the case out here at St. Elizabeths 20 years ago.

Go ahead.

Mr. DEUTSCH (reading):

I have limited myself in this statement to some concrete examples of what I have seen and gathered. I have formed some definite opinions on the general medical care program of the Veterans' Administration, based on discussions with Veterans' Administration authorities in Washington, Veterans' Administration doctors, medical men who have observed conditions in veterans' hospitals, my own impressions, and a study of official documents.

On the basis of these factors, I respectfully submit the following recommendations:

1. Free the medical care and hospital program from lay domination by making it an independent entity, as is the case with the United States Public Health Service within the Federal Security Agency.

That corresponds to medical care under the Surgeon General.

The CHAIRMAN. In other words, you want to put them under Social Security.

Mr. DEUTSCH. No; I said:

Free the medical care and hospital program from lay domination by making it an independent entity, as is the case with the United States Public Health Service within the Federal Security Agency.

The CHAIRMAN. In other words, you recommend the creation of a Surgeon General in the Veterans' Administration.

Mr. DEUTSCH. That is right.

The CHAIRMAN. Take it out of civil service.

Mr. DEUTSCH. That is right.

The CHAIRMAN. Take it entirely out of civil service.

Mr. DEUTSCH. That is right.

The CHAIRMAN. And stop the Army from unloading their undersirables on the Veterans' Administration?

Mr. DEUTSCH. That is right.

The CHAIRMAN. Go ahead. That is about the most reasonable statement you have made up to date, I think.

Mr. DEUTSCH (reading):

It should be headed by a vigorous medical administrator, of the type so frequently found among the younger physicians in the Air Surgeon's Office of the Army Air Forces.

2. Veterans hospitals should be affiliated, wherever possible, with medical teaching, training, and research centers which provide constant contact with modern medicine and incentives for hospital staffs.

3. Establish psychiatric training programs for younger physicians preferably World War II veterans to overcome the present and future shortage of men in this specialty.

4. Encourage research, which does not necessarily mean "experimentation" with human guinea pigs in veterans' hospitals, in order to attract high-class doctors.

5. Increase the base pay of doctors, nurses, and lay personnel above the present admittedly inadequate rates.

6. Conduct in active training and recruiting program for badly needed social workers.

7. Revise the present pension system which occasionally leads to what medical men call pensionitis or pension neurosis, which put a premium on keeping sick or getting sicker among sick and disabled vets.

8. —

The CHAIRMAN. Wait a minute. Right there.

That is a new disease. I have been hearing that referred to.

Is that one of your own coining, that expression, or did you get that from some of your psychiatrist readers?

Mr. DEUTSCH. It is common coinage among psychiatrists.

The CHAIRMAN. Do you mean to say you would throw these men off the roll who have been there since the last war?

Mr. DEUTSCH. No; I mean instead of just giving them pensions, give them adequate treatment so they can get off the pension rolls with dispatch.

The CHAIRMAN. All of them?

Mr. DEUTSCH. Not all of them. I say a good many more could get off with proper treatment.

The CHAIRMAN. Go ahead.

Mr. DEUTSCH (reading) :

8. All vets with service-connected disabilities should be entitled to both hospital and out-patient treatment for all ailments, in place of the present system which provides out-patient care only for service-connected disabilities, forcing the veteran to seek treatment elsewhere for non-service-connected ailments.

9. Codify the existing mass of veterans' laws, which are now piled on one another by the hundreds in confusing array. More than 100 Federal laws relating to veterans have been enacted by Congress since 1942.

10. Simplify the massive text of regulations and procedures that has accumulated down the years to the bed bedevilment of medical and lay personnel within the Veterans' Administration.

The Regulations and Procedures, I think it runs to 300 pages, and it just regiments them out of independence.

Mrs. ROGERS. Mr. Deutsch, do you not think it would be well to have created a department of veterans' affairs with a cabinet head, as well as to have a medical department in the Veterans' Administration?

Mr. DEUTSCH. I have not gone sufficiently into the whole Veterans' Administration program, Mrs. Rogers, to answer that.

Mrs. ROGERS. I do not think you will have the power to get what you need for the veterans unless you have a cabinet head.

Mr. DEUTSCH. Well, I will say in the Federal Security Agency which has somewhat the same status as the Veterans' Administration Surgeon General Parran has complete independence of the medical and health program.

As far as I would go would be just to see that the medical program is made independent under the Surgeon General.

Mrs. ROGERS. The medical program?

Mr. DEUTSCH. That is right.

Mr. ALLEN. Mr. Deutsch, if you are able to get any Federal agency to curtail its authority I would like to turn you loose on the OPA.

Mr. DEUTSCH (reading) :

11. Free doctors and nurses of avoidable paper work through the employment of ward clerks, so that professionals can make maximum use of their particular skills.

12. Provide for internships and residencies in Veterans' Administration facilities. Internships are now barred in these hospitals.

13. Devise methods for getting rid of incompetent doctors who under present civil-service rules have virtually permanent berths, once employed.

The CHAIRMAN. We passed a bill in the House yesterday to enable the Veterans' Administration to get this extra help.

Most of your enthusiastic supporters either voted against it or ran out on us.

Mr. DEUTSCH. I read about it, Mr. Chairman, and I am in favor of the bill, although I do not think the shortage of doctors is the only ill ailing the Veterans' Administration's medical program. [Reading:]

14. Facilitate advancement of capable young doctors and other personnel. The emphasis now seems to be placed mainly on length of service.

15. Arrange more liberally for utilization of local nonprofit clinics to supplement the out-patient services of Veterans' Administration facilities.

16. Provide for further decentralization of the Veterans' Administration medical care and hospital program, eliminating much red tape arising from excessively rigid medical control at Washington headquarters.

Mr. ATCHINCLOSS. May I ask you, your last suggestion was decentralization?

Mr. DEUTSCH. Decentralization.

The CHAIRMAN. Have you finished your statement?

Mr. DEUTSCH. I am finished, Mr. Chairman.

The CHAIRMAN. That is the same statement you published in PM the next day after you were here.

Mr. DEUTSCH. That is right.

The CHAIRMAN. All right. Mr. Gibson, do you want to ask any question?

Mr. GIBSON. I do not think so.

The CHAIRMAN. Mr. Cunningham?

Mr. CUNNINGHAM. No questions.

The CHAIRMAN. Mr. Stigler?

Mr. STIGLER. Yes, sir, Mr. Chairman.

Mr. Deutsch, I am very much interested in knowing where you obtained the information that you have in one of your articles published in PM stating that some 30,000 men are being discharged from the military forces every month because of neuropsychiatric disabilities, and more than 350,000 psychiatric discharges have been made since the war began, and 45 percent of all medical discharges are for psychiatric reasons.

Was that information obtained from the official records of the Army, or where?

Mr. DEUTSCH. Yes. General Hershey and Col. William Meninger, chief of psychiatry in the United States Army Surgeon General's office, have presented those figures officially.

Mr. STIGLER. Do you consider those figures alarming?

Mr. DEUTSCH. Disturbing.

The CHAIRMAN. Give me those figures again, Mr. Stigler, if you do not mind.

Mr. STIGLER. Mr. Deutsch states some 30,000 men are being discharged from the military forces every month because of neuropsychiatric disabilities.

More than 350,000 neuropsychiatric discharges have been made since the war began.

Forty-five percent of all medical discharges are for psychiatric reasons.

Mr. DEUTSCH. The situation, I understand, has modified since the time I wrote those pieces, but those are the latest figures, and I think they are included in a Pepper subcommittee report.

Mr. STIGLER. You mean the ratio has grown larger?

Mr. DEUTSCH. Smaller.

Mr. STIGLER. How do you account for that?

Mr. DEUTSCH. Because of better selection, sir.

Mr. STIGLER. You mean by Selective Service?

Mr. DEUTSCH. By Selective Service. And better screening out.

Mr. STIGLER. Then you do not feel at the present time that the ratio runs as high as 40 percent?

Mr. DEUTSCH. No. As a matter of fact, I think the last time I talked to Colonel Meninger it was something like 20 percent.

The CHAIRMAN. Do you include everybody that is afflicted with a social disease as being a neuropsychiatric case?

Mr. DEUTSCH. No, sir. Venereal disease is considered a social disease.

The CHAIRMAN. You tell the committee that 350,000 men had been discharged for mental disabilities at the time you wrote the article? That is what you said there?

Mr. STIGLER. That article appeared in the issue of January 16, 1945.

The CHAIRMAN. January 16, 1945, you told the American people through that article that 350,000 men had been discharged from the military and naval services of the United States for mental disabilities.

Where did you get any information like that?

Mr. DEUTSCH. If you will permit me, sir, I will try to look up my source.

The CHAIRMAN. What are you looking at?

Mr. DEUTSCH. These are the hearings before the Senate subcommittee of the Committee on Education and Labor, a subcommittee on wartime education.

The CHAIRMAN. When was that?

Mr. DEUTSCH. July 1944.

The CHAIRMAN. July 1944?

Mr. DEUTSCH. Yes.

The CHAIRMAN. Whose testimony are you looking for? Did you appear before the committee?

Mr. DEUTSCH. I attended the hearings, sir. I did not appear before it.

I covered the hearings for my paper, I should say.

The CHAIRMAN. Do you remember on what that was based at that time?

Mr. DEUTSCH. I think I have material in my brief case on what that was based. Or you can go on—

The CHAIRMAN. You can give us the name of the Senate hearings and the committee can look it up. I think, much more effectively than you can, and probably understand the figures better than you can.

Mr. GIBSON. Do you say now that that statement was true when it was made?

Mr. DEUTSCH. I would like to look up the figures.

Mr. GIBSON. What?

Mr. DEUTSCH. I would like to look up the figures.

Mr. HUBER. If that is true, that is a reflection on our society, and not necessarily the armed forces, but not every person that is discharged will require hospitalization, will they?

Mr. DEUTSCH. Oh, no.

Mr. HUBER. Just the people who slip through.

Mr. DEUTSCH. I think it is understood that the great majority of these patients did not get their sickness through military service. It may have been aggravated by military service.

They just slipped through at the outbreak of the war.

Mrs. ROGERS. Mr. Deutsch, is it not true that there are a great many high-strung people in the world today who get along all right if they continue in their regular routine?

Mr. DEUTSCH. I think that is the case of a great many of the men who were discharged from the Army and Navy.

There were a great many men who were adjusted to civilian life and it was just the change. They could not take it.

Mrs. ROGERS. Well, enough to get along.

Mr. DEUTSCH. Yes. They could not take it.

The CHAIRMAN. That is, if they could not avoid psychiatrists.

Mr. AUCHINCLOSS. I understand you visited four of the veterans' facilities.

Mr. DEUTSCH. That is right.

Mr. AUCHINCLOSS. And, based on four of these facilities your articles are written.

Mr. DEUTSCH. I made the point, I think, Mr. Auchincloss, that only a minor part of my survey was based on my personal visitations to these hospitals.

Mr. AUCHINCLOSS. The rest of it was based on what you had read?

Mr. DEUTSCH. Documentary research and interviews with officials here in Washington, with men in facilities, and ex-Veterans' Administration doctors.

Mr. AUCHINCLOSS. Did you interview anybody in the other 92 facilities that you did not visit?

Mr. DEUTSCH. Yes.

Mr. AUCHINCLOSS. While you did not visit them you had some conversations with the doctors?

Mr. DEUTSCH. As a matter of fact, sir, my contact with the Veterans' Administration doctors goes back several years. As a health and medical reporter it was my function to cover medical meetings, and I cover nearly every important medical meeting in the country, where I meet doctors of various kinds, including Veterans' Administration doctors.

Mr. AUCHINCLOSS. May I ask you, were there any—

Mr. GIBSON. Speak a little louder, please.

Mr. AUCHINCLOSS. I think you stated that at Northport you found 1 social worker to 2,700 patients.

Mr. DEUTSCH. 2,800.

Mr. AUCHINCLOSS. 2,800 patients. That social worker had nothing to do with the Red Cross?

Mr. DEUTSCH. No.

Mr. AUCHINCLOSS. Were there additional workers from the Red Cross in that facility, if you know?

Mr. DEUTSCH. Not that I know of.

When I said four were needed, I meant the Veterans' Administration had authorized four positions.

My understanding is that the need for social workers or psychiatric installations should be something like 1 to 250 patients; which would mean that there ought to be about—nearly 12 social workers there to reach an ideal standard.

Mr. AUCHINCLOSS. I would like to state to you, Mr. Deutsch, that I think in the main your recommendations and suggestions are good.

From the investigations which I have made I think I click with you pretty well:

I do not like the spirit of your articles. I would like to be perfectly frank with you.

Mr. DEUTSCH. Surely. Did you read them all, sir?

Mr. AUCHINCLOSS. I have read a few of them. It is quite true I have not read them all.

Mr. DEUTSCH. I did try—

Mr. AUCHINCLOSS. I may change my opinion, but it is up-hill work. I think.

The CHAIRMAN. Did you go to Lyons, Mr. Auchincloss?

Mr. AUCHINCLOSS. Yes, sir; I went to Lyons.

The CHAIRMAN. That is in New Jersey, is it not?

Mr. KEARNEY. That is right.

The CHAIRMAN. Did you find the conditions there that he describes here?

Mr. AUCHINCLOSS. I found at Lyons—I was rather pleased with the conditions at Lyons when I went there. I have not made my report yet.

I have it available for you at any time.

The CHAIRMAN. I know that.

Mr. AUCHINCLOSS. I spent a whole day there and went into it pretty carefully.

Mrs. ROGERS. Will the gentleman yield for a few questions? There was a change of personnel, was there not, before you visited?

Mr. AUCHINCLOSS. Mr. Head left 2 or 3 days before I got there, and I believe Mr. Rogers, who was acting manager, has been replaced since I have been there.

The CHAIRMAN. Mr. Kearney?

Mr. KEARNEY. Under this article of January 29, Mr. Deutsch, you refer to the numbers of conscientious objectors who were assigned as attendants in the Lyons Facility, and particularly the diary of Robert Hegler.

Mr. McQUEEN. The 19th.

Mr. KEARNEY. The 19th. Yes. That is what I thought I said.

Is that the lad who was afterward convicted in Federal court and sentenced to the Federal penitentiary?

Mr. DEUTSCH. It is. He had walked off the Lyons Facility grounds in protest against the \$10 monthly allowance they gave conscientious objectors—their pay was \$2.50 to \$10 a month.

Mr. KEARNEY. In other words he went A. W. O. L.

Mr. DEUTSCH. That is right.

Mr. KEARNEY. And at the same time while there is a great hue and cry about his conviction, and, so far as his views are concerned, they do not agree with mine, I do not have any quarrel with him on that.

But at the time a lad who socks a Nazi prisoner got 2 years here a short time ago and there was a terrific hue and cry over that.

Mr. ALLEN. Will the gentleman yield? I am wondering if the article of January 19 is based on what Robert Hegler said.

Mr. DEUTSCH. Can I briefly describe it, sir?

Let me say that Mr. Hegler gave me the information he had on the Lyons Facility sometime in October, I believe, long before he broke in the papers.

I did not use that material. Because I know all about 9-day sensations that always peter out and lead to the dismissal of one or two attendants and nothing is done about basic problems, and that is a commonplace in mental hospitals in this country at the present time.

What I did in this article was to describe the contents of Hegler's diary, then I followed up with General Hines' statement on Lyons, and then made the point that I do not know how long the improvement will last. [Reading:]

The Lyons Hospital, like Northport, is a physically attractive institution spread over 800 acres of beautiful country.

And then the superintendent, as I recall it——

The CHAIRMAN. Before that you had been reporting the word of a conscientious objector who had been convicted of a crime.

Mr. DEUTSCH. He had not been convicted. He was, later.

The CHAIRMAN. He was later convicted. And he was convicted of running out.

Mr. DEUTSCH. Yes.

The CHAIRMAN. You are reporting that and giving that kind of information to the public.

Mr. ALLEN. In the very article you have been running his picture.

Mr. DEUTSCH. I run as many pictures as I can get, sir. That is a typographical problem.

The CHAIRMAN. You were one of the sponsors of an organization called the Writers Front to Win the War?

Mr. DEUTSCH. I may have been at one time. I have forgotten.

The CHAIRMAN. And also you are editorial counsel of the magazine called Equality.

Mr. DEUTSCH. That is right.

The CHAIRMAN. And you also sponsor what is known as the American-Russian Institute.

Mr. RAYFIEL. Mr. Chairman, I do not want to interrupt, but I object—

The CHAIRMAN. You are not going to interrupt.

Mr. RAYFIEL. Well, I object to the line of questioning.

The CHAIRMAN. Well, your objection is overruled.

Now then, Mr. Deutsch, you signed a letter requesting a pardon of Governor Dewey for Morris U. Schappes.

Mr. RAYFIEL. I object to that question.

The CHAIRMAN. Your objection is overruled.

Mr. RAYFIEL. I appeal to the members of this committee. We agreed we were going to stick to the question before us.

The CHAIRMAN. I am asking questions that are perfectly legitimate.

Mr. RAYFIEL. It has nothing to do with this inquiry.

The CHAIRMAN. Will you answer it?

Mr. DEUTSCH. I do not mind answering it. I did, along with many eminent citizens of New York.

The CHAIRMAN. You signed that petition?

Mr. DEUTSCH. I may have signed it.

The CHAIRMAN. You also contribute to a publication called the Social Work Day.

Mr. RAYFIEL. I object to that question.

The CHAIRMAN. Your objection is overruled.

Mr. RAYFIEL. I appeal to the members.

I think it is high time to stop an investigation of the witness.

The CHAIRMAN. I wish to show what is behind all this stuff. This is a legitimate question and it will go into this record unless the committee runs out on a question he does not object to answering.

Mr. DEUTSCH. I do not see what it has to do with this investigation.

The CHAIRMAN. I do, because we are not through with this question yet. I am going to show some other things before this investigation is through, and I would like to have you answer that question.

Mr. RAYFIEL. I appeal, Mr. Chairman.

Mr. KEARNEY. Mr. Chairman, I was under the impression that I had the floor here.

The CHAIRMAN. We will pass on this proposition first, Mr. Kearney.

Now then, all of you that object to this man Deutsch being asked whether he contributed money to a publication called Social Work Day let it be known by saying aye.

Mr. RAYFIEL. Aye.

The CHAIRMAN. All opposed, "No."

Mr. GIBSON. No.

Mr. RAYFIEL. I asked that the members be polled.

The CHAIRMAN. All right. I will ask that the roll be called. I will state the question again.

All of you who are opposed to this man Deutsch answering the question as to whether he contributed to a publication called Social Work Day—

Mr. HUBER. I do not know what that Social Work Day is.

Mr. RAYFIEL. I object to the entire line of questioning.

Mr. SCRIVNER. I ask for regular order on the ground Mr. Kearney has the floor.

The CHAIRMAN. This has already been ordered now. The clerk will call the roll.

Mr. SCRIVNER. It is not in regular order.

The CHAIRMAN. You had an opportunity to make that point before he appealed.

All those in favor say "Aye."

(The clerk proceeded to call the roll.)

Mr. SCRIVNER. Let us have the motion repeated.

The CLERK. I did not understand.

The CHAIRMAN. I said all that objected to his answering the question whether or not Mr. Deutsch contributed money to what is called the Social Work Day will as your names are called, vote "Aye."

You want the motives. I want to show what this publication is.

Mr. RAYFIEL. Mr. Chairman, we are polling the members now. We are not debating.

The CHAIRMAN. The motives of the witness is always relevant.

Mr. SCRIVNER. It does not go to his credibility.

All right.

(Whereupon, the clerk continued calling the roll.)

The CHAIRMAN. Announce the vote, please.

The CLERK. Seven, "Aye"; three, "No."

The CHAIRMAN. All right. The committee has voted not to have him answer this question whether he contributed to a publication called the Social Work Day.

All right, Mr. Kearney, you may proceed with your investigation.

Mr. KEARNEY. Under this article of January 19 you state—second paragraph [reading]:

Their refusal to serve in the armed forces has been based on sincerely held religious convictions against killing.

That is not so in all of the objections of conscientious objectors to serving in the armed forces, is it?

Mr. DEUTSCH. No; it is not, sir.

Mr. KEARNEY. As a matter of fact, some of these individuals who have gone before their various draft boards and said they were conscientious objectors were perfectly willing to work in war defense plants where materials of war were made for the purpose of killing somebody.

Mr. DEUTSCH. That is right.

Mr. KEARNEY. In other words, they were escaping service in the armed forces simply because they did not want to fight.

Mr. DEUTSCH. Well, I disagree with conscientious objectors as violently as you do. Mr. Kearney, on the other hand, I recognize the traditions, say, of the Society of Friends.

Mr. KEARNEY. Yes, but your statement says here the religious convictions against killing.

According to my interpretation, that takes care of all of it.

Mr. DEUTSCH. That was not my intention. If the implication is there it is a mistaken one.

Mr. KEARNEY. Now, they receive the same pay that a private soldier receives.

Mr. DEUTSCH. I understood that the pay was \$2.50 a month to \$10 a month above their board.

Mr. KEARNEY. They do not draw any pay at all.

Mr. DEUTSCH. It is called allowances.

Mr. KEARNEY. They just draw what you call allowances.

Mr. DEUTSCH. That is right.

Mr. KEARNEY. Did you talk to any of the conscientious objectors at Lyons?

Mr. DEUTSCH. I did, sir.

Mr. KEARNEY. Do you have the name of a leader there?

Mr. DEUTSCH. Hegler was a leader of this group. There are two others I talked to, Ben Glover and Donald Glish.

Mr. KEARNEY. Do you believe that the assignment of a conscientious objector to a mental hospital is a proper assignment for those individuals?

Mr. DEUTSCH. In this acute shortage, sir, I think it is about as good a disposition as you can make of conscientious objectors.

Mr. KEARNEY. Do you know whether their work is on a comparable basis with paid attendants?

Mr. DEUTSCH. The Society of Friends is now sponsoring a group with headquarters in Philadelphia which has a center for detailing conscientious objectors to mental hospitals with acute attendant shortages, and the information I get from the National Committee for Mental Hygiene and Psychiatrists who have been in touch with these hospitals is that generally they are on a high level at these hospitals.

Mr. KEARNEY. You know that generally they do not like their work in these hospitals?

Mr. DEUTSCH. Some of them do not. Not at Lyons. But some at Philadelphia told me they hoped to make a career of training attendants.

Mr. KEARNEY. College graduates—training attendants?

Mr. DEUTSCH. Training attendants.

Mr. KEARNEY. But on the whole most of these conscientious objectors at Lyons are college graduates, are they not?

Mr. DEUTSCH. So I understand, sir.

Mr. KEARNEY. And as such they are far from being the type of attendant that they need at mental hospitals.

Mr. DEUTSCH. That is true.

The CHAIRMAN. Mr. Huber?

Mr. HUBER. Considering wartime shortages and taking everything into consideration, Mr. Deutsch, do you feel that the Veterans' Administration has done a good job or a poor job?

Mr. DEUTSCH. It has been a tough—would have been a tough job for anybody, Mr. Huber, but my understanding is that a good part of the defects in the medical program predate the war and the shortage, and that the shortage of personnel has aggravated existing defects, and I think a good part of it is due to the organization.

One thing is the doctor not having direct access to Administrator Hines but having to contact General Hines through a lay administrator, and again, the lack of independence in the whole medical program to spend, which has been up to two men this whole period of years.

Mr. HUBER. And any responsibility for any lack of attention would rest with the Congress.

Mr. DEUTSCH. That is right.

The CHAIRMAN. What is that, Mr. Huber?

Mr. HUBER. I say any responsibility for any lack of attention would rest with the Congress.

Mr. DEUTSCH. Not any responsibility but the organizational responsibility.

Mr. HUBER. That is all.

Mr. DEUTSCH. I think a good deal of it will be met by the passing of a bill setting up a medical corps.

Mr. KEARNEY. Have you studied the bill that is before us now?

Mr. DEUTSCH. I studied the Rogers bill when it was introduced, and I looked over Mr. Rankin's bill, and in general I think they are both good bills.

The CHAIRMAN. Mr. Huber, I am going to object to that statement of yours. You say it is chargeable to the Congress. We had a bill up yesterday to help give the Veterans' Administration this authority.

Were you there to vote on it?

Mr. HUBER. Unfortunately I was not. Had I been there I would have voted for it.

The CHAIRMAN. Do you not think it would be better to attend Congress and help pass legislation that would relieve this situation than to get up here in this committee and charge Congress with what has taken place?

Mr. HUBER. It was not brought about yesterday or day before.

The CHAIRMAN. You just voted here today to keep the witness from answering the question of whether he had contributed to a Communist organization.

Mr. DEUTSCH. This was not a Communist organization.

Mr. HUBER. I do not know what it was.

The CHAIRMAN. I will tell you later.

Mr. SCRIVNER. I want to say another thing—

The CHAIRMAN. One of these things he said he was sponsoring was a particular Communist outfit that picketed the White House when Hitler had his pact with Russia.

I am bringing out information that goes to the very life of every man who wears the uniform of the United States, but the witness was stopped from answering the question.

Mr. RAMEY. He was stopped legally because it was not the proper time.

The CHAIRMAN. The gentleman from Ohio did not vote——

Mr. RAMEY. I was not there to vote.

Mr. KEARNEY. The Military Affairs Committee is holding hearings now on this local draft service bill and unfortunately I could not be at two places.

The CHAIRMAN. I was not criticizing the gentleman at the time.

Mr. HUBER. I was unfortunate in missing the roll call——

The CHAIRMAN. Your first duty, of course, is to be on the floor of the House where this legislation is being considered.

Now, we were very seriously attacked yesterday and the Veterans' Administration was attacked, and it remained for me and the lady from Massachusetts to carry on the defense.

Any questions, Mr. Scrivner?

Mr. SCRIVNER. I have some, but I would have more if I had had copies earlier.

The CHAIRMAN. Go ahead.

Mr. SCRIVNER. Mr. Deutsch, in your article of January 8, which is apparently the second article you wrote, you have made this charge, in the second column [reading]:

The Veterans' Administration is one of the fattest patronage agencies in the country.

What facts do you have to base that conclusion on?

Mr. DEUTSCH. The fact that it does have 68,000 jobs at the present time.

Mr. SCRIVNER. It is under civil service, is it not?

Mr. DEUTSCH. The civil-service requirements, as I understand it, are very low, and the fact as I understood it from people I considered reliable.

Mr. SCRIVNER. All right. Who told you it was the fattest patronage agency in the country?

Mr. DEUTSCH. I cannot think of any man offhand, but I would be glad to check up on it.

Mr. SCRIVNER. All right.

Then you went on to say that—you have an allegation——

Mr. GIBSON. Mr. Scrivner, would you yield and let me ask him one question there?

Mr. SCRIVNER. Go ahead.

Mr. GIBSON. I would just like to ask him does he know the difference between patronage and civil service.

Mr. DEUTSCH. I think I do, sir.

Mr. GIBSON. That is all.

Mr. SCRIVNER. The next statement [reading]:

He always lends a sympathetic ear to Congressmen's requests for jobs in behalf of constituents.

Now, being a Republican, we just have no patronage.

The CHAIRMAN. You do it.

Mr. SCRIVNER. I say we have no patronage, not even a member of the patronage committee.

The CHAIRMAN. The other members do not have any either in the Veterans' Administration.

Mr. SCRIVNER. Just let me ask the questions.

You say he always lends a sympathetic ear to Congressmen's requests in behalf of constituents.

Now, upon what facts do you base that conclusion?

Mr. DEUTSCH. My only answer to that, sir, is that I threw away my notes except those notes I needed for my second series.

Mr. SCRIVNER. And at present you have no facts on which you can base that?

Mr. DEUTSCH. No, sir.

Mr. SCRIVNER. Then you go on to the next paragraph [reading]:

Through similar methods he has earned the strong support of top officers of the American Legion and other servicemen's organizations.

What do you mean by similar methods? Patronage?

Mr. DEUTSCH. No, sir.

Mr. SCRIVNER. What do you mean by similar methods?

Mr. DEUTSCH. If I can find that [examining papers].

The CHAIRMAN. Do you have to read your notes to find what similar methods you are charging to this Veterans' Administration?

Mr. DEUTSCH. I said I threw away the notes after finishing them.

Mr. SCRIVNER. In other words, you have no facts now on which to base the statement that through similar methods he has earned the strong support of the top officers of the American Legion and other servicemen's organizations?

Mr. DEUTSCH. That is right.

Mr. SCRIVNER. The statement goes on [reading]:

Which invariably throw their influence behind legislation expanding his power.

Now, what facts do you have to base that conclusion on?

Mr. DEUTSCH. Those were in the notes.

Mr. SCRIVNER. The inference being that by something Hines does for the top leaders they go for every program he has.

I think that is a very serious charge against General Hines and the veterans' organizations.

Mr. DEUTSCH. I cannot answer that now.

Mr. SCRIVNER. And you make the further statement, which to me has a very onerous inference [reading]:

These veteran groups get free office space at the VA's central office, regional offices, and in VA facilities.

Do you know why they are there?

Mr. DEUTSCH. Yes, sir; I know generally.

Mr. SCRIVNER. Why are they there?

Mr. DEUTSCH. Because they have their contact men in these offices for the purpose of helping veterans.

Mr. SCRIVNER. Is there anything wrong about that?

Mr. DEUTSCH. No.

Mr. SCRIVNER. All right. Why put—the inference is that there is something shady about the fact that the veterans' organizations get free space in these facilities?

Mr. DEUTSCH. My only intention was to show that there is an organizational link-up.

Mr. SCRIVNER. Do you have any evidence that there is an organizational tie-up?

Mr. DEUTSCH. I will say this, sir——

Mr. SCRIVNER. Answer my question. Have you any evidence that there is any, as you say, any organizational tie-up, that is in any way improper?

Mr. DEUTSCH. I would respectfully suggest to you, sir, and to the committee, that it ask General Hines——

The CHAIRMAN. You answer the question.

Mr. SCRIVNER. You have made a statement here to me as a member of practically every veterans' organization that is very unfair and leaves a very onerous inference. It implies there is something improper due to the fact that they get some free space.

Now, is there anything improper?

Mr. DEUTSCH. Not in that alone; no, sir.

Mr. SCRIVNER. Is there anything improper in the relations between the representatives of the veterans' organizations and the Veterans' Administration?

Mr. DEUTSCH. Not per se.

Mr. SCRIVNER. Do you have any facts that show there is anything improper? You are a reporter.

Mr. DEUTSCH. I was about to say that I understand from reliable evidence that General Hines——

Mr. SCRIVNER. From whom?

The CHAIRMAN. Understand what? Let him answer the question.

Mr. DEUTSCH. From what I consider reliable evidence.

The CHAIRMAN. Go ahead, Mr. Scrivner.

Mr. SCRIVNER. You started to say you had some evidence from what you consider reliable sources. Of what?

Mr. DEUTSCH. That General Hines has conducted an investigation into the regional office at Jackson, Miss., which ran into some 7,500 pages of testimony, as I understand it, and, if the committee so wishes, it might ask about this testimony.

Now, I got this second-hand.

Mr. SCRIVNER. A lot of the conclusions of yours were second-hand.

Mr. DEUTSCH. From that source I understand——

Mr. SCRIVNER. Mr. Reporter, read the question.

The CHAIRMAN. Can you reframe your question, to save time?

Mr. SCRIVNER. I can restate it.

Do you have any facts which would indicate to anybody that there is anything improper in the relationship of the representatives in the veterans' organizations and the Veterans' Administration because they get some free office space?

Mr. DEUTSCH. No, sir.

Mr. SCRIVNER. Would that not be the inference that any reader might get from reading your statement, that there was something wrong between the two?

Mr. DEUTSCH. All I can say, sir, that it was not intended, that particular sentence.

Mr. SCRIVNER. Well, I know, but you ought to be a little more careful in the way you make your statements.

The CHAIRMAN. What veterans' organization do you refer to?

Mr. SCRIVNER. He mentions the American Legion and other servicemen's organizations.

The CHAIRMAN. What other servicemen's organizations did you refer to there?

Mr. DEUTSCH. Well, the ones that I had in mind at that time were the American Legion, the Veterans of Foreign Wars, and the Disabled American Veterans.

The CHAIRMAN. Your inference there is that they were all mixed up in some kind of a tie-up, unholy alliance, we will say, with the Veterans' Administration.

Mr. DEUTSCH. No, sir. That was not the inference. The inference was that at times——

Mr. SCRIVNER. Wait a minute. Here is your statement [reading]:

Through similar methods, he has earned the strong support of top officers of the American Legion and other servicemen's organizations, which invariably throw their influence behind legislation expanding his power.

And you said you had no facts upon which you could base the allegation or conclusion, but the inference there is he always get their support, good or bad.

It is an unjustifiable charge against these veterans' organizations, and that is what I am trying to bring out, the fact that you now state that you now have no facts upon which you base that conclusion.

Mr. DEUTSCH. No; but I have some evidence.

Mr. SCRIVNER. What is it?

Mr. DEUTSCH. It does not bear on that question. I have letters received from medical men who have been with the Veterans' Administration and who do charge political interference.

Mr. SCRIVNER. By the American Legion?

Mr. DEUTSCH. I do not know that these particular letters mention any particular names.

Mr. SCRIVNER. You are getting away from the servicemen's organizations now.

As I understand your statement now, you have no facts upon which this statement can be based and supported.

Mr. DEUTSCH. I will have to refresh my memory on that, sir.

The CHAIRMAN. We will give you until 1:30 to refresh your memory.

Mr. STIGLER. Will the gentleman yield for a short question?

Mr. SCRIVNER. Yes.

Mr. STIGLER. Mr. Deutsch, do you not know that the Disabled American Veterans criticize the Veterans' Administration in their annual conventions for their shortcomings in the things they could do?

Mr. DEUTSCH. I have seen the proceedings of several conventions, sir, including the proceedings of the last American Legion convention, and, as I recall it, there was criticism on the floor, but I do not recall any resolutions.

Mr. STIGLER. How many conventions have you attended?

Mr. DEUTSCH. None.

Mr. STIGLER. That is all.

Mr. SCRIVNER. Now, in your article of January 9 you start out with a big headline "Veterans' Hospitals Called 'Backwaters of Medicine.'" No attempt made to keep doctors abreast of profession.

"The Veterans' Administration hospitals," a prominent physician told me, "are in the backwaters of American medicine where doctors stagnate and where patients who deserve the best must often be satisfied with second-rate treatment."

Now, who was the prominent physician that told you that?

Mr. DEUTSCH. Prof. Ernst P. Boas, B-o-a-s, associate professor of medicine at the College of Physicians and Surgeons, New York.

The CHAIRMAN. Boas.

Mr. SCRIVNER. Do you know what facts he had upon which he made that allegation that you adopted?

Mr. DEUTSCH. There was the lack of—they almost universally criticized lack of research facilities in the Veterans' Administration hospitals, sir.

Mr. SCRIVNER. Universally criticized by whom?

Mr. DEUTSCH. The medical profession.

Mr. SCRIVNER. All right.

Your next statement (reading):

This statement conservatively reflects the current medical opinion of Veterans' Administration standards.

Now, do you have any facts upon which——

The CHAIRMAN. What was that statement, Mr. Scrivner? I could not hear you.

Mr. SCRIVNER [reading]:

This statement conservatively reflects the current medical opinion of Veterans' Administration standards.

Mr. DEUTSCH. All I need do in that respect, sir, is, I think, refer to the editorial in the Journal of the American Medical Association which was written later and which reflects the current opinion, as I knew it when I wrote my series.

Mr. SCRIVNER. Now, to get down to something a little more pleasant here for a minute, at any rate.

You do state [reading]:

The buildings are usually impressively handsome, the grounds expansive and well kept.

The wards are remarkably clean for these days, when the manpower shortage has played havoc with hygienic controls in other hospitals.

The kitchens are spotless and the food generally good.

The equipment rivals that in the best private hospitals.

Is that the situation you found in your investigations?

Mr. DEUTSCH. Yes, sir. And I will say it was the opinion of a number of medical men who had been in other hospitals.

Mr. SCRIVNER. All right. But then you follow that up by saying [reading]:

The general atmosphere is listless and unprogressive.

Upon what facts do you base that?

Mr. DEUTSCH. Upon my discussions with men who had been in the Veterans' Administration, and my own observations.

Mr. SCRIVNER. Where do you charge that situation exists?

Mr. DEUTSCH. At Northport.

Mr. SCRIVNER. What did you observe at Northport upon which you base your conclusion that the general atmosphere is listless and unprogressive?

Mr. DEUTSCH. I do not recall seeing any doctor on any ward, very few nurses. The doctors I saw were in the offices writing away, and it just did not have a medical atmosphere.

Mr. SCRIVNER. How long were you in Northport Hospital?

Mr. DEUTSCH. I was there for a day, a greater part of the day.

Mr. SCRIVNER. What time did you get there?

Mr. DEUTSCH. I think I got there at 10:30 and left at 4:30.

The CHAIRMAN. Did anybody complain to you there that they were not getting the proper medical treatment?

Mr. DEUTSCH. You mean patients?

The CHAIRMAN. Yes.

Mr. DEUTSCH. No.

The CHAIRMAN. When you said they did not have proper medical atmosphere, what is a medical atmosphere?

Mr. DEUTSCH. There is what is known in medicine as a boarding school atmosphere where patients do not complain but where they get no medical treatment.

The CHAIRMAN. You submit no evidence that they were not properly treated.

Mr. DEUTSCH. I said a listless medical atmosphere, sir, which has nothing to do with the attitude of patients.

I do say this—I do not want it to seem that Northport is a paradise, even in the sense of physical treatment, because I received a number of complaints from patients and relatives of patients at Northport, but on my visit I was not able to substantiate complaints of physical treatment.

Mr. SCRIVNER. You actually saw nothing during the day that you were there that would justify, from what you say, any complaint about improper physical treatment.

Mr. DEUTSCH. No, sir.

The CHAIRMAN. But in your article you did not state that.

Mr. DEUTSCH. I did state it, sir.

The CHAIRMAN. You did not state it, but you came out and said that you did not find a medical atmosphere.

That was to back up the statement you had already made, it seems.

Mr. DEUTSCH. I did make the statement that the physical environment was good, and I made it, as a matter of fact, in another article.

Mrs. ROGERS. Mr. Chairman, may I ask a question?

The CHAIRMAN. Yes.

Mrs. ROGERS. Are you having hearings this afternoon?

The CHAIRMAN. Yes.

Mrs. ROGERS. At what time?

The CHAIRMAN. 1:30.

I think we had better finish with this witness.

This is just as hard on me as the rest of you. I am here all the time.

Mr. SCRIVNER. You are not here any more than I am. I think we have a job to do, and I am paid for 7 days a week.

Now, Mr. Deutsch, in another column in this same article, January 9, you say [reading:]

One of the most serious medical charges leveled against the Veterans' Administration hospitals is their traditional physical and scientific isolation from centers of medical activity, failure to attract first-rate doctors, and discouragement of medical research that keeps doctors abreast of the times.

Do you have any facts upon which you base the conclusion that doctors in the Veterans' Administration hospitals are discouraged from keeping up with medical progress?

Mr. DEUTSCH. I did get that—that was almost universal, sir.

Mr. SCRIVNER. Wait a minute. I am talking about this.

Mr. DEUTSCH (examining papers). Well, I have letters which I consider to be very interesting.

Mr. SCRIVNER. In which they say they are actually discouraged from keeping up?

Mr. DEUTSCH. That is right.

Mr. SCRIVNER. Let us see some of them.

The CHAIRMAN. Mr. Scrivner, do you not think we had better take a recess so we can get some lunch.

Would that be satisfactory with everybody?

Mr. SCRIVNER. That is all right with me.

Mr. McQUEEN. Wait a minute. Let us get these letters.

Mr. DEUTSCH. This is a letter from Dr. Alexander Dumas.

The CHAIRMAN. What is that?

Mr. SCRIVNER. What I want is a statement if he has it showing that they are discouraged from making medical research.

The CHAIRMAN. Where was this Dumas? Where did he serve?

Mr. DEUTSCH. He was at the Minneapolis facility I think for 17 years, sir. I think until 1945.

The CHAIRMAN. And he was discouraged from what?

Mr. SCRIVNER. That is what we are waiting to find out.

Mr. DEUTSCH (examining papers). 23 years.

The CHAIRMAN. If you will just give us the name of that doctor.

Mr. DEUTSCH. Well, if you permit me——

Mr. SCRIVNER. Let him look these letters over during the noon recess.

The CHAIRMAN. We will take a recess then until 1:30.

(Whereupon, at 12:15 the committee recessed to 1:30 p. m. of the same day.)

AFTER RECESS

(The committee met at 1:30 p. m., Hon. John E. Rankin (chairman) presiding.)

The CHAIRMAN. The committee will come to order. It is a little late, and it is my fault.

Mr. Scrivner, you may continue.

Mr. SCRIVNER. Mr. Chairman, as we adjourned at noon I had asked Mr. Deutsch to show me what he had if anything with reference to any facts showing that doctors in the veterans' hospitals had been discouraged from making medical research.

Did you find anything during the noon hour?

Mr. DEUTSCH. Yes, sir, Mr. Scrivner. This is a letter received from Dr.——

Mr. SCRIVNER. Before you start, all I want is where it shows he was ever discouraged from making any medical research. I do not want the whole letter. All I am looking for here is facts.

Mr. DEUTSCH. Dr. Edward F. Ducey, of Muskegon, Mich., he discusses the lack or failure to provide postgraduate work, and then he goes on [reading]:

Ambition to do first-rate work is further smothered in all Veterans' Administration hospitals by a complete absence of research facilities and projects. General Hines calls research "using veterans for guinea pigs," and will have none of it. Of course, this view is scientifically preposterous, but it still stands as Veterans' Administration policy; it is in a class with antivivisection as an example of abysmal ignorance. C. O. may have told you they are establishing research centers——

I do not know what he refers to as C. O.—

True, they have one for heart disease and one for NP diseases, each of which is on a scale which might do justice to a single hospital of 3-0 beds, but not to a Nation-wide chain of 90,000 beds. The Veterans' Administration has a limitless fund of clinical material, from which many worthwhile medical data could be obtained; but it is all going to waste. C. O. doesn't even have any medical specialists in its own organization, who might be able to glean some interesting and helpful material from the work done in the field. Years ago they did have one fairly competent pathologist on the pay roll, Dr. Philip Matz; he died in 1938, and has never been replaced. They have no one in C. O. to standardize and coordinate the various special types of work in the field, such as X-ray technique, anesthesia, and so forth. Each hospital staff has to muddle along as it knows best, too busy to get around the country to see how things are being improved and getting absolutely no help from C. O. They just won't spend the money to get the men.

He makes a reference here——

Mr. SCRIVNER. All right.

The CHAIRMAN. Who wrote that?

Mr. DEUTSCH. Dr. Edward F. Ducey.

He went to the Veterans' Administration in 1929 and has been in several Veterans' Administration hospitals since then.

The CHAIRMAN. How do you spell that Ducey?

Mr. DEUTSCH. D-u-c-e-y.

Mr. SCRIVNER. What is there in that that leads you to the conclusion that these men are discouraged from making medical research?

Mr. DEUTSCH. Well, the absence of research facilities.

Mr. SCRIVNER. Well, that does not mean they were discouraged from doing it. There may be a passive inaction there but you say they are discouraged.

Mr. DEUTSCH. I believe I have more primary sources for that point.

Mr. SCRIVNER. All right.

Mr. DEUTSCH. In my article of January 9, 1945, I quote General Hines himself, toward the last column about the middle of the column. [Reading:]

When I asked General Hines about research in Veterans' Administration facilities he blandly replied:

"Why, of course, we keep our men interested in research. We have a rule requiring all our doctors to write at least one paper a year on their particular field of interest."

Mr. SCRIVNER. All right. I have read that, too. But my sole desire here is to uncover facts, not conclusions.

Mr. DEUTSCH. Yes.

Mr. SCRIVNER. I am not a newspaperman, but I had always understood that reporters reported the facts and let the readers draw conclusions.

Now, you made the statement that these men are discouraged from making medical research, and I ask for facts.

Mr. DEUTSCH. Well, one of the major facts is that the Veterans' Administration has so far refused to affiliate with medical schools.

Mr. SCRIVNER. That is not discouraging medical research. This says it is discouraged.

In other words, when I read that word "discouraged," that implies to me that somebody says you cannot do it; we won't allow you to do it.

Now, do you have any facts on that?

Mr. DEUTSCH. I did have some statements.

Mr. SCRIVNER. Do you have them here now?

Mr. DEUTSCH. Not now. I thought this would be sufficient for that purpose, Mr. Scrivner.

Mr. SCRIVNER. Well, that letter—to you maybe it meant one thing, but it did not mean anything to me at all where the men were discouraged from making medical research.

Mr. DEUTSCH. Well, the head of the Veterans' Administration—when I interviewed General Hines and was discussing the research problem with him and asking him why he did not let the Veterans' Administration facilities affiliate with medical schools and medical centers, he told me:

Mr. Deutsch, whoever you have been talking to—I will not let them experiment on my patients—

and I would think the veterans——

Mr. SCRIVNER. Well, I think he is perfectly right in that.

The CHAIRMAN. Let him finish his statement.

Mr. DEUTSCH. I would think the Veterans' Administration has not taken the first step for providing real research facilities for the veterans' hospitals by affiliating with medical schools.

Mr. SCRIVNER. So now the thing you base this statement on that they are discouraged is the fact that they are not affiliated with medical schools.

Is that it?

Mr. DEUTSCH. That is one of the——

Mr. SCRIVNER. All right. What other facts, as distinguished from conclusions, what other facts do you have that these doctors are discouraged from making medical research?

Mr. DEUTSCH. A number of doctors have, I think, stated publicly that—men of eminence, too—that the reason why a good many good doctors will not go into the Veterans' Administration is because they do not provide research facilities for medical men.

Mr. SCRIVNER. Well, those are statements, heresay, purely, of course. But you have written a story.

Mr. DEUTSCH. That is right.

Mr. SCRIVNER. You have made certain conclusions. Now, we are trying to find the facts upon which you base those conclusions.

I do not care and the committee does not care who it helps or hurts. We want the facts so we will know what the situation is, and then from that we can move on to correct them.

Mr. DEUTSCH. Mr. Scrivner, as a newspaperman, I derive my material from sources I believe reliable.

I was not in the position of a legislative committee that could go out and subpoena witnesses.

Mr. SCRIVNER. No.

Mr. DEUTSCH. I will say that General Hines' own committee on the medical group has in one of its recent recommendations to General Hines proposed that he do provide medical facilities, which indicates a lack of such facilities.

Mr. SCRIVNER. That still does not give us any facts upon which you can say that there is any discouragement to these doctors.

Mr. DEUTSCH. This letter reads——

Mr. SCRIVNER. Let us go on to something else.

Now, in your next paragraph you refer to [reading]:

Many of the 94 Veterans' Administration facilities are so remote from centers of population and medical activity that they might be aptly called "medical monasteries."

But now, first, what do you mean by medical monasteries, and then what facts?

MR. DEUTSCH. Mental hospitals that have been placed far from communities have been called monasteries of the mad.

Reference to medical monasteries refers to the remoteness of a number of these; and Senator Pepper's committee did report in its interim report on the care of veterans that veterans' hospitals are often isolated geographically and medically. They are not associated with teaching and the research groups.

And medical isolation is referred to in the Pepper report.

MR. SCRIVNER. That is what you base your term "medical monasteries" on?

MR. DEUTSCH. Yes.

MR. SCRIVNER. Now, that is your opinion. What are the facts?

MR. DEUTSCH. The fact, as I understand them, are that General Hines himself admitted to me that many of these hospitals have been placed too remote from communities.

MR. SCRIVNER. All right. How far are they from communities?

MR. DEUTSCH. Well, one of the classic examples, I understand, is Outwood, Ky.

MR. SCRIVNER. Have you been there?

MR. DEUTSCH. I have not; no.

MR. SCRIVNER. How far away is it, do you know?

MR. DEUTSCH. No.

MR. SCRIVNER. Now, you visited four—

MR. DEUTSCH. That is right.

MR. SCRIVNER. How far were they from centers?

MR. DEUTSCH. Northport was 50 miles from New York.

MR. SCRIVNER. Yes.

MR. DEUTSCH. Castle Point is something like 60 miles from New York City.

Mount Alto here is right in the city; and Kingsbridge is on the outskirts of New York but in the city limits.

MR. SCRIVNER. Well, the fact that Northport is 50 miles from New York and Castle Point 60 miles, does that make them monasteries?

MR. DEUTSCH. Not these particular hospitals. But there are other instances of 150 and 200 miles from centers of population.

MR. SCRIVNER. What hospitals are that far from centers of population?

MR. DEUTSCH. I do not know that I have a list of the hospitals here.

MR. SCRIVNER. At any rate, the four hospitals which you visited personally, on which you have personal knowledge, you do not call them medical monasteries?

MR. DEUTSCH. No, except Northport; you will not get psychiatric consultants visiting Northport very frequently because it means practically a day's visit.

At least that was the sentiment of New York psychiatrists I talked to.

MR. SCRIVNER. Another paragraph [reading]:

But the isolationist attitude of the Veterans' Administration is not confined to the physical remoteness alone.

What are the facts upon which you based the conclusion of the isolationist attitude?

Mr. DEUTSCH. Among the administrative heads that I interviewed in Washington I sensed a feeling of resentment toward outside agencies who were trying to get the Veterans' Administration to become more community-minded.

One man in the New York area office, the director of rehabilitation there, told me that everybody is trying to muscle in and said that there are only four agencies legally authorized to deal with the veterans and all of the other agencies—he referred specifically to a veterans' service center in New York City, a central information referral center for veterans, which is recognized quite generally as the best of its kind in the country—as an interloper.

Mr. SCRIVNER. Are those the facts now on which you make a blanket interpretation of an isolationist attitude?

Mr. DEUTSCH. The fact that they have refused——

Mr. SCRIVNER. You can answer that "Yes" or "No."

Mr. DEUTSCH. That, together with other facts.

Mr. SCRIVNER. What are the other facts?

Mr. DEUTSCH. The other facts are that the Veterans' Administration has refused to affiliate with medical schools and has held itself aloof.

Mr. SCRIVNER. Give us the facts upon those; what schools, what times, what places?

Mr. DEUTSCH. I have General Hines' statement that he does not care to affiliate with medical schools.

Mr. SCRIVNER. All right. Let us go on to your next statement. [Reading:]

Even where Veterans' Administration facilities are located in metropolitan areas, their medical staffs are usually cut off from contact with their professional colleagues.

Now, who cuts them off? The inference is the Veterans' Administration cuts them off. Is that a fact?

Mr. DEUTSCH. In many instances.

Many agencies pay the expenses of their medical personnel. I have specifically given the Public Health Service encourages them to attend medical meetings and meetings of the American Medical Association.

Mr. SCRIVNER. That is not what you say here. You say they are usually cut off from contact with their professional colleagues.

Now, just tell me where and what hospitals and what doctors have been cut off from contact with their professional colleagues, and who cut them off.

Mr. DEUTSCH. One fact is, and the fact I would consider is the fact that the Veterans' Administration does not pay the expenses of its medical personnel to encourage them to attend meetings of their professional groups.

That is one aspect.

Mr. SCRIVNER. All right. Let us go back and get the question again: What hospitals, what doctors, are cut off from contact, and who cut them off?

From that you would think these doctors in veterans' hospitals never had an opportunity to speak to any member of the profession at all.

Mr. DEUTSCH. I am quoting again from the letter of Dr. Ducey. [Reading:]

Postgraduate work is definitely discouraged; the usual excuse is "your services can't be spared from your present work." This statement is usually true, too, because the hospital is inadequately staffed. Almost every fault, other than those stemming from political considerations, are in my opinion, due to the constant stinting of money on the part of C. O., central office.

As mentioned above, this fact explains the large majority of intramurally trained, usually meaning self-trained, specialists in the service. At Los Angeles the staff numbered about 40; during my 7 years there, not more than 2 or 3 men took any sort of P. G. work outside the institution; these few spent 3 months in another Veterans' Administration hospital to learn a subspecialty such as allergy, or artificial fever therapy. But I would guess that 90 percent of the Veterans' Administration psychiatrists now in service learned all they knew within the organization; in other words, they picked it up by being assigned to the NP wards, and by reading books and asking questions of their seniors.

Attendance at national medical meetings is discouraged for the same reasons; and if a specialist does get permission to attend a convention of his colleagues, as I did once, he pays all of his own expenses, of course. Nor are Veterans' Administration doctors solicited by C. O. to affiliate themselves with medical societies, or to procure diplomas from the various specialty boards; they live in a little world of their own, and feel ill at ease in a gathering of the fellows from the other medical groups.

Mr. SCRIVNER. Most of those are conclusions on his part, too.

Mr. DEUTSCH. Based on his experience.

Mr. SCRIVNER. Where is there anything in that that justifies your conclusion that the medical staffs are usually cut off from contact with their colleagues?

These men are all eligible to join these associations if they want to.

Mr. DEUTSCH. If the Medical Association holds a convention in Chicago that takes 1 week, and if the commanding medical officer tells you that he is very sorry but he cannot spare your work so you can attend that meeting and listen to the latest scientific papers in your field, then I would say, in my opinion—

Mr. SCRIVNER. Most of those papers are recorded in the proceedings of the convention, are they not?

Mr. DEUTSCH. No, sir.

Mr. SCRIVNER. I have read many of them.

Mr. DEUTSCH. Many of the papers are reprinted in the Journal of the American Medical Association, but most of them are not.

Mr. SCRIVNER. Then you are basing it on the fact that these men do not have an opportunity to take postgraduate work and that they do not get a chance to attend American Medical Association conventions. Is that right?

Mr. DEUTSCH. In a large measure, yes.

Mr. SCRIVNER. All right. Then we go down toward the last part of that article of January 9, and here is your statement [reading]:

Why, in many Veterans' Administration hospitals, doctors aren't even allowed to use the library, such as it is, and keep informed of current medical literature.

Now, that is a conclusion. What are the facts? What doctors have not been allowed to use the medical library?

Mr. DEUTSCH. Specifically there was a doctor at Kingsbridge who told me that before Colonel Cook came to New York he was not allowed to consult the library for medical literature.

Mr. SCRIVNER. Is that the only instance you have?

Mr. DEUTSCH. It is not the only instance. It is the only instance that I remember at this time.

Mr. SCRIVNER. But you can only now remember of one case of one doctor who complained that he did not have the opportunity to read in the library, and yet you make the blanket allegation that in many Veterans' Administration hospitals doctors are not allowed to use the library.

Mr. DEUTSCH. This statement was not based on that.

Mr. SCRIVNER. What was it based on?

Mr. DEUTSCH. On my notes.

Mr. SCRIVNER. Where are your notes?

Mr. DEUTSCH. I am a newspaperman. I do not keep my notes unless I can make use of them later.

Mr. SCRIVNER. Why did you not set out the facts that Dr. So-and-so and Dr. So-and-so in such-and-such hospital were not allowed to use the hospital library? Then your readers could have drawn the conclusion, but you have put in here that many of them are not allowed to use the library.

Mr. DEUTSCH. Perhaps I am a poor newspaperman, Mr. Scrivner.

Mr. SCRIVNER. So now, all you have is one point on which you base that allegation.

Now, let us go on to your article of January 10.

You have a statement here—"is strictly a one-man operator."

Now, what facts do you have to justify that conclusion?

Mr. DEUTSCH. That is the consensus of reliable opinion.

Mr. SCRIVNER. What are the facts upon which that opinion is based? That is what we are trying to find out.

Mr. DEUTSCH. I will give you one illustration, sir. When I was discussing new medical techniques and drugs with General Hines we came to the matter of psychiatry, and I asked him what new techniques they were using in psychiatric hospitals, and he told me electric shock, mainly, and some insulin.

Metrazol is a drug which is used on patients. He said:

We do not use metrazol because I saw the use of metrazol some years ago, and it seemed to me to be very horrible, and so I forbid the use of metrazol in Veterans' Administration facilities.

Now, I say that that is a medical problem and should be decided by medical men.

Mr. SCRIVNER. And are you a medical man?

Mr. DEUTSCH. I am not a medical man; no; but I do consult medical men.

Mr. SCRIVNER. Well, do you not suppose General Hines consults medical men, too?

Mr. DEUTSCH. Well, that is what he told me.

Mr. SCRIVNER. Well, do you not really suppose he does?

Mr. DEUTSCH. Very frequently; yes.

Mr. SCRIVNER. Why, of course.

Now, that is the one thing on which you base your statement that General Hines is strictly a one-man operator?

Mr. DEUTSCH. Plus the prevailing sentiment.

Mr. SCRIVNER. What are the facts upon which that is based?

Mr. DEUTSCH. Illustrations were given me at the time, Mr. Scrivner, but I haven't too good a memory.

Mr. SCRIVNER. You should have saved your notes then.

Mr. DEUTSCH. I was not anticipating being called before a legislative committee.

Mr. SCRIVNER. All right. [Reading:]

He views his realm mainly as a gigantic business enterprise rather than as a humanitarian or welfare agency. He has infused his aides with the same spirit.

Now, what are the facts upon which you base that conclusion?

Mr. DEUTSCH. That is the spirit I found.

Mr. SCRIVNER. What are the facts, though?

Mr. DEUTSCH. I talked to the budget director, I think he is, S. J. Moore, and Mr. Moore made the statement that "medicine is only one of our many businesses."

Mr. SCRIVNER. What is his name?

Mr. DEUTSCH. S. J. Moore, Jr.

Mr. SCRIVNER. You did not quote him in the article, but you say, "Medicine is only a small part of our business."

He looks at it as a business; does he not?

Mr. DEUTSCH. Yes.

Mr. SCRIVNER. But you have made the statement that General Hines has infused his aides with the same spirit.

Can you show us any facts as to where General Hines has infused that spirit?

Mr. DEUTSCH. Well, when I talked to Dr. Griffith, the medical director, and one or two other officers, I found them ready to discuss business administration of these hospitals but very unenthusiastic when it came to discussion of medical problems.

That was an impression on which I based that statement.

Mr. SCRIVNER. So you spoke to Dr. Griffith and one or two others, and those are the facts upon which you have made this general blanket allegation that General Hines has infused his aides with the same spirit?

Mr. DEUTSCH. Let me give another instance, sir. The manager of the New York regional office in New York City is Mr. E. B. Dunkelberger.

Mr. SCRIVNER. Is that a regional office or a hospital?

Mr. DEUTSCH. It is a regional office. It was once attached to a hospital. But it had apparently been decided to transfer the facility to the area office.

When I went to see Mr. Dunkelberger to discuss the construction of the out-patient service at the regional office he said:

Why, we haven't got much time for medical practice here; I don't know who told you that.

He said:

We are going to have some 65,000 to 75,000 examinations for pension ratings in the central office, and I don't see how any of those doctors are going to have time for medical practice—

and was very short about it.

From him too I got the impression that he did not give a darn about training.

Mr. SCRIVNER. That makes four.

Mr. DEUTSCH. That I remember.

Mr. SCRIVNER. On which you make a blanket allegation that these men are imbued solely with thoughts of business rather than the veterans.

Mr. DEUTSCH. I did not say that. I said it was dominating.

Mr. SCRIVNER. Then you make the statement [reading]:

There's the rub: medicine is a business to the men in control of veterans' affairs.

On what do you base that statement that medicine is a business to the men in control of veterans' affairs?

Mr. DEUTSCH. The same people.

Mr. SCRIVNER. From talking to four or five people. Then [reading]:

The medical staff in most veterans' affairs facilities are subservient to the lay heads.

Now, you visited four hospitals, and then you make the general statement.

Now, what are the facts upon which you base that statement that in most of the facilities the medical staff are subservient to lay heads?

Mr. DEUTSCH. General Hines gave me a list of lay and medical managers of the facilities which indicated that the majority of facilities are under the managership of laymen.

Mr. SCRIVNER. Well, that does not make them subservient, does it?

Mr. DEUTSCH. Well, in the Veterans' Administration——

Mr. SCRIVNER. Do you have any facts any place in your notes which show that any lay manager of any veterans' hospital tried to tell any member of the medical staff how to take care of patients?

Mr. DEUTSCH. Yes.

Mr. SCRIVNER. Let us have them.

Mr. DEUTSCH. This is a letter from Dr. Alexander Dumas, D-u-m-a-s, who had been with the Veterans' Administration facility at Minneapolis for 23 years, he writes, neuropsychiatric consultant there; and he says—I cannot find where he begins his discussion of lay managers but he says:

I recall a manager who has been with the Veterans' Administration for 25 years saying, to my astonishment, that he could not see why they needed any more doctors. Such ignorance after 25 years in the service disgusted me to the point where I refused to even comment.

There is a general opinion among these lay managers that doctors are not businessmen and not equipped to run a hospital.

Mr. SCRIVNER. Well, all right. Now, I asked you if you had any facts to show where lay managers ever tried to dictate to the medical men how to take care of patients, and you said you had.

Mr. DEUTSCH. It is somewhere in his—[indicating].

Lieutenant—formerly Lieutenant Colonel Funkhouser—made that statement to me and said he would be glad to testify to that effect if you would call him.

Mr. SCRIVNER. Did you make any investigation yourself to determine whether those were true facts?

Mr. DEUTSCH. No.

Mr. SCRIVNER. So you have no personal knowledge yourself of any situation in any hospital where a manager has dictated to a medical man how to take care of a patient?

Mr. DEUTSCH. No, but again I have relied on——

Mr. SCRIVNER. "No" is the answer, and you have answered it completely.

Then you go on to say:

This lack of medical independence plays havoc with the system.

Now, do you have any fact of your own knowledge where any layman has interfered with the practice in taking care of patients?

Mr. DEUTSCH. Well, if you mean by knowledge something I saw with my own eyes I must answer "No."

Mr. SCRIVNER. All right.

Now, another statement [reading]:

The 53,000 employees in the Veterans' Administration are almost without exception under civil service. But overgenerous veterans' preference, under the constant insistence of vet pressure groups, has greatly diluted the quality of personnel.

Now, what are the facts upon which you base that conclusion?

Mr. DEUTSCH. That again is based upon what I considered statements of reliable——

Mr. SCRIVNER. Do you have any personal knowledge of any of these facts at all?

Mr. DEUTSCH. I have not studied the records of the 53,000.

Mr. SCRIVNER. Do you have any personal knowledge where, due to the insistence of veterans' organizations, the quality of the personnel has been diluted?

Mr. DEUTSCH. Not my own, sir.

Mr. SCRIVNER. Well, why did you make the statement?

Mr. DEUTSCH. Because that is the consensus of reliable medical opinion.

Mr. SCRIVNER. What do you mean by pressure groups?

Mr. DEUTSCH. Veterans' organizations.

Mr. SCRIVNER. Do you care to name them?

Mr. DEUTSCH. I would rather not.

Mr. SCRIVNER. In that do you include the American Legion, Veterans of Foreign Wars, Disabled American Veterans?

Mr. DEUTSCH. I do not recall which were specifically named to me, and I would rather not guess.

Mr. SCRIVNER. Well, I know, but you have made the statement here in your paper. If it were about me personally it might be libel.

Mr. DEUTSCH. If you had called me at the time I made these statements, I might be able to furnish the proof.

Mr. SCRIVNER. I never saw this until this morning. You say [reading]:

Under the constant insistence of veterans' pressure groups.

Now, do you have any knowledge of whether it is the Legion, the DAV, the Order of the Purple Heart, the Regular Veterans, or any of them, where they have insisted and by using pressure they have diluted the personnel?

Mr. DEUTSCH. Not my own, but I have the testimony of medical men.

Mr. SCRIVNER. All right. Where is it?

The CHAIRMAN. I am just going to suggest that you give us the names of those men. Do not be trying to read what they say. We can send and get them.

Mr. DEUTSCH. I do not know which of these men, sir, have made that specific statement, but I will turn over these letters to you.

Mr. SCRIVNER. All right, we will get back to this.

Of your own personal knowledge you do not know of a single instance where, due to pressure of some veterans' group, the personnel; that is, the ability or the character of the personnel, has been injured one single solitary bit?

Mr. DEUTSCH. Not of my own personal knowledge.

Mr. SCRIVNER. No.

Now, we go down to another statement [reading] :

A large percentage of those who remain are either broken-spirited, security-minded, or both.

Now, can you name the names of the doctors or hospitals to which you were referring when you said :

A large percentage of those who remain are either broken-spirited, security-minded, or both.

You visited four hospitals. Did you find any doctors in there that were broken-spirited——

Mr. DEUTSCH. Well, I could give one.

Mr. SCRIVNER. Who?

Mr. DEUTSCH. Maj. Joseph H. Toomey, head of psychiatry at Kingsbridge Road.

Mr. SCRIVNER. What was his condition upon which you based the conclusion that he was broken-spirited?

Mr. DEUTSCH. He seemed to be overwhelmed by his duties, had a defeatist attitude toward any provision of active treatment, and gave me the impression of feeling that all he could do was to coast along.

Mr. SCRIVNER. Now, that was your reaction from your observation of him for how long?

Mr. DEUTSCH. My personal discussion with him, I think, ran about a half hour.

I have seen correspondence of his with various agencies of New York.

Mr. SCRIVNER. What other doctors did you see in any of those four hospitals that were broken-spirited?

Mr. DEUTSCH. Well, my contacts with Veterans' Administration hospitals have not been confined to my visits to these specific hospitals.

Mr. SCRIVNER. All right, let us widen it then. Who are some of the other broken-spirited doctors?

Mr. DEUTSCH. Dr. Funkhouser.

Mr. SCRIVNER. All right. That is two.

The CHAIRMAN. What is his name?

Mr. DEUTSCH. Dr. Funkhouser.

The CHAIRMAN. Where is he?

Mr. DEUTSCH. At the Bath Facility?

The CHAIRMAN. Bath, N. Y.?

Mr. DEUTSCH. Bath, N. Y. Previously to that he had been in Oregon.

The CHAIRMAN. That is the first time you have testified about that, the first time you have mentioned Bath, is it not?

Mr. DEUTSCH. I think I mentioned it in discussing Dr. Funkhouser before.

Mr. SCRIVNER. What other doctors now have you come in contact with that are broken-spirited?

Mr. DEUTSCH. That is all I can remember now.

Mr. SCRIVNER. Yet you make this statement, that—

A large percentage of those who remain are either broken-spirited, security-minded, or both.

Now, what doctors did you contact that were security-minded?

Mr. DEUTSCH. Well, there again I relied on information I obtained from people I interviewed.

Mr. SCRIVNER. You did not say that. You say a large percentage of those who remain. How many doctors are there in the Veterans' Administration?

Mr. DEUTSCH. About 2,100 now.

Mr. SCRIVNER. And with 2,100 doctors in there you have observed 2, and yet you make the blanket observation—

Mr. DEUTSCH. I receive a large number of letters from others which I haven't got with me.

Mr. SCRIVNER. Did they say they were broken-spirited? Did they say they were security-minded?

Mr. DEUTSCH. In many instances these people who wrote me showed a cynical attitude, "I do not like the system but I am in it and it does pay me a livelihood."

They criticize it but do not get out.

Mr. SCRIVNER. Do you have those letters with you?

Mr. DEUTSCH. I do not have them with me. I had them—

Mr. SCRIVNER. Do you not think it would be a service to the committee to disclose the names of men who have that attitude?

That is what you want to do is to help, is it not?

Mr. DEUTSCH. Yes, sir. If I have them—

Mr. SCRIVNER. Well, I think you ought to send them into counsel, because we want to know.

Now, you say [reading]:

About the furthest a good honest doctor can hope to advance on the basis of sheer ability is a \$4,600 post.

The jobs above that range, with very few exceptions, go to men with political pull, meaning the support of the American Legion or some other veterans' group, the backing of his Congressman, and so forth, or with personal connections with the top men in Washington.

Mr. DEUTSCH. That is a quotation.

Mr. SCRIVNER. From whom?

Mr. DEUTSCH. From a Veterans' Administration doctor.

Mr. SCRIVNER. Who?

Mr. DEUTSCH. He asked me that his name not be revealed.

The CHAIRMAN. Who is that?

Mr. DEUTSCH. I promised that his name would not be revealed.

Mr. SCRIVNER. Is he the one that said "support of the American Legion," or is that yours?

Mr. DEUTSCH. That is not my interpretation.

Mr. SCRIVNER. Did he write that to you?

Mr. DEUTSCH. He told that to me.

Mr. SCRIVNER. Was he in one of these four hospitals you have mentioned?

Mr. DEUTSCH. No.

Mr. SCRIVNER. What hospital was he in?

Mr. DEUTSCH. I think it was the Pittsburgh Facility.

Mr. SCRIVNER. What did he do?

Mr. DEUTSCH. I would like to be excused from answering that, sir.

The CHAIRMAN. What was that answer?

Mr. RAMEY. He would like to be excused.

That is Mr. Green's district, is it not?

Mr. GREEN. Aspinwall.

Mr. DEUTSCH. Yes, I think it was.

The CHAIRMAN. You do not know what facility he was in?

Mr. DEUTSCH. Not for sure at this moment.

Mr. SCRIVNER. How long had he been with the Veterans' Administration?

Mr. DEUTSCH. Seven years.

Mr. SCRIVNER. How did he know the facts upon which he based his conclusion? Did he name names?

Mr. DEUTSCH. He said he had been in three or four facilities.

Mr. SCRIVNER. Did he name names of doctors that got their jobs through political pull?

Mr. DEUTSCH. I had them in my notes.

Mr. SCRIVNER. So you cannot remember one solitary doctor whose name he mentioned that got a job because of pull with the American Legion or with other veterans' organizations?

Mr. DEUTSCH. No.

Mr. SCRIVNER. Now, you cannot recall a single solitary one?

Mr. DEUTSCH. No, but again I say if you call Dr. Funkhouser he may be able to tell you some.

Mr. SCRIVNER. Did Dr. Funkhouser know those men?

Mr. DEUTSCH. No, he did not know those men.

The CHAIRMAN. Did you go to Aspinwall?

Mr. DEUTSCH. No, I did not.

Mr. SCRIVNER. Did he come to you with this statement voluntarily?

Mr. DEUTSCH. He did not come to me specifically to give me this statement. I met him at a meeting through mutual friend.

Mr. SCRIVNER. What meeting?

Mr. DEUTSCH. At a home.

Mr. SCRIVNER. At home. Whose home? His or yours?

Mr. DEUTSCH. Home of this mutual friend.

Mr. SCRIVNER. It was not a medical man of any kind?

Mr. DEUTSCH. No.

The CHAIRMAN. Did this mutual friend hear him make this statement?

Mr. DEUTSCH. Sir?

The CHAIRMAN. Did this mutual friend hear him make this statement?

Mr. DEUTSCH. He was in the room. I do not know if he——

The CHAIRMAN. When you were talking?

Mr. DEUTSCH. He was in the room. I do not remember whether he was in the room at the time that he gave me that information.

The CHAIRMAN. Who was this mutual friend?

Mr. DEUTSCH. I cannot name him.

The CHAIRMAN. Do you not remember his name?

(There was no response.)

The CHAIRMAN. Do you remember his name?

(There was no response.)

The CHAIRMAN. I say, Do you remember his name?

Mr. DEUTSCH. I am trying to think, sir.

The CHAIRMAN. I misunderstood you.

Mr. SCRIVNER. Well, while you are trying to think of your friend's name let us go to another question.

You have a statement here [reading]:

One Veterans' Administration doctor told me that he had to wait sometimes 2 weeks or more before getting it.

That is referring to penicillin in his hospital.

What veterans' facility was that? What hospital?

Mr. DEUTSCH. It was the Kingsbridge Hospital.

Mr. SCRIVNER. And what doctor said he could not get penicillin under 2 weeks?

Mr. DEUTSCH. That was one of the doctors who gave me the information confidentially.

Mr. SCRIVNER. When did he make that statement?

Mr. McQUEEN. Will you speak a little louder?

Mr. DEUTSCH. That was along about October.

Mr. SCRIVNER. What did he want penicillin for, did he say?

Mr. DEUTSCH. He told me at the time; I cannot recall now.

Mr. SCRIVNER. Did you have that in your notes?

Mr. DEUTSCH. I did.

Mr. SCRIVNER. And those are the same notes that you no longer have?

Mr. DEUTSCH. That is right.

Mr. SCRIVNER. All right.

Here is another statement [reading]:

Some managers, I am told, put pressure on Veterans' Administration doctors to quit using expensive drugs, in order to keep their budgets in balance.

What managers did you have reference to?

The CHAIRMAN. Mr. Scrivner—

Mr. DEUTSCH. Well, one of them was also at Kingsbridge Facility, according to one of my informants, at a time when vitamins were being used—

Mr. SCRIVNER. No. Let us get back to these expensive drugs.

Mr. DEUTSCH. That is what I am talking about.

Mr. SCRIVNER. Vitamins are not expensive drugs.

Mr. DEUTSCH. Vitamins are used as drugs.

Mr. SCRIVNER. I know, but they are not classified as expensive drugs.

Mr. DEUTSCH. Some vitamins have been extremely expensive.

Mr. SCRIVNER. You say some doctors have been told to quit using expensive drugs in order to keep their budgets in balance.

Now, what manager?

Mr. DEUTSCH. I do not remember the manager at Kingsbridge Road at the time. It is not the present manager who came in September.

Mr. SCRIVNER. All right. That is one, so who are the others?

Mr. DEUTSCH. I cannot recall at this time.

Mr. SCRIVNER. So now you are making the blanket allegation that some managers won't let them have drugs.

Mr. DEUTSCH. Mr. Scrivner, they are in two different categories.

I wrote 37 articles, Mr. Scrivner, and I cannot remember all the details of each sentence.

The CHAIRMAN. What is that answer?

Mr. DEUTSCH. I say I wrote 37 article and I cannot recall the details of each sentence I wrote.

The CHAIRMAN. Now, this friend's house, you can remember the conversation but you cannot remember——

Mr. DEUTSCH. I recall the conversation because I employed it in my article.

The CHAIRMAN. You cannot recall the name of the friend at whose house he gave you this information?

Mr. DEUTSCH. No, I cannot.

Mr. SCRIVNER. Here you made a statement [reading]:

One doctor, who has since resigned from Veterans' Administration service, informed me "Once, when I repeatedly insisted on getting the drugs I knew my patients needed, I was bluntly told that I would be transferred."

Who was that doctor?

Mr. DEUTSCH. I cannot recall, sir.

Mr. SCRIVNER. Well, that is the one who said he did not want to be sent to Siberia. Do you remember now who it was?

Mr. DEUTSCH. I cannot recall now. I am sorry.

The CHAIRMAN. You mean the doctor told you he did not want to be sent to Siberia from this country?

Mr. DEUTSCH. Yes; Siberia is just a medical expression.

Mr. SCRIVNER. You do not recall who that doctor was?

Mr. DEUTSCH. What he meant was being transferred to an out-of-the-way station.

He would have to move his family along.

Mr. RAMEY. Dr. O'Neil used that expression when they transferred him from Minneapolis.

The CHAIRMAN. What was that statement, Mr. Ramey?

Mr. RAMEY. I say Dr. O'Neil used that expression once; when they get transferred to some place they do not want they call it Siberia.

The CHAIRMAN. What place did he get transferred from?

Mr. RAMEY. He got transferred from Minneapolis to Brecksville, south of Cleveland.

Mr. HUBER. That is the garden spot of America. That is not Siberia.

Mr. SCRIVNER. Is that the doctor you are referring to?

Mr. DEUTSCH. No; it is not.

Mr. SCRIVNER. Good doctors are comparatively rare?

Mr. DEUTSCH. That is medical opinion, sir.

Mr. SCRIVNER. All right.

Do you have any information which indicates to you that there is a shortage or rarity of good doctors in the Veterans' Administration?

Mr. DEUTSCH. It is in these letters, and it is something I hear frequently, and again, from medical men whom I respect.

Mr. SCRIVNER. Did he name any of these hospitals?

Mr. DEUTSCH. He did at the time.

Mr. SCRIVNER. What hospitals were they?

Mr. DEUTSCH. I do not recall.

Mr. SCRIVNER. Now, you have a big headline: "Black picture. It all adds up to a pretty black picture insofar as Federal medicine is concerned."

Now, in your black picture does that include your scarcity of good medical directors, the difficulty of obtaining drugs, the necessity for political pull? Is that what makes up the black picture?

Mr. DEUTSCH. It is everything that went before it, sir.

Mr. SCRIVNER. Incidentally, Mr. Deutsch, can you name any one employee in the Veterans' Administration now that is there as a result of pressure from veterans' organizations?

Mr. DEUTSCH. I cannot.

Mr. SCRIVNER. You do not know of one?

Mr. DEUTSCH. Not now; no.

Mr. SCRIVNER. But yet you infer that that happened with a great deal of regularity.

Mr. DEUTSCH. Illustrations were given me at the time I wrote these.

The CHAIRMAN. Do you know of anyone that is there as result of pressure from Members of Congress?

Mr. DEUTSCH. No.

The CHAIRMAN. Do you know of anyone that is there as result of pressure from United States Senators?

Mr. DEUTSCH. Well, I mentioned one.

The CHAIRMAN. Who was that?

Mr. DEUTSCH. Dr. Funkhouser.

The CHAIRMAN. Who put him there?

Mr. DEUTSCH. Well, he said that he got—he told me his appointment was speeded up by the intercession of a Senator, or his promotion was speeded up by the intercession of a Senator.

Now, that is what he told me. And I am only a reporter.

The CHAIRMAN. And he is the one who is dissatisfied.

Did the Senator exercise his prestige?

Mr. DEUTSCH. He is not dissatisfied. He gave me that as an illustration of what is a common occurrence.

The CHAIRMAN. And the only thing he could say was that some Senator had recommended him for a promotion?

Mr. DEUTSCH. An appointment.

The CHAIRMAN. An appointment. Now, what Senator did he say did that?

Mr. DEUTSCH. I mentioned him, sir; Senator Harry Hawes of Missouri, as I recall it, and Senator Steiwer of Oregon.

The CHAIRMAN. And they both endorsed him. And he thought they were making a mistake, did he?

Mr. DEUTSCH. No; he did not think they were making a mistake. He said this was a common practice.

What we told me was he could not get there on his own ability alone, although he is considered an able man.

The CHAIRMAN. Of course Senator Hawes is out of the Senate, and Senator Steiwer is dead.

Mr. McQUEEN. Senator Hawes is dead.

Mrs. ROGERS. Mr. Chairman, I looked up the doctor I spoke of; he was told to resign with prejudice in 1927. Finally he was—they allowed him to resign, but with prejudice.

The CHAIRMAN. Did he make liquor all that time?



Mrs. ROGERS. I do not know. They discovered it around 1926 or 1927.

When they discovered it they removed him.

The CHAIRMAN. Mrs. Rogers, did you give his name?

Mrs. ROGERS. No; I did not give his name. I see no reason why I should.

I was answering Mr. Ramey's question. You can get it from the Bureau. I was answering his question.

The CHAIRMAN. Did they in 1922 know about his making liquor?

Mrs. ROGERS. I do not think he was making it then.

Mr. SCRIVNER. I think the statute of limitations has run on that, Mr. Chairman.

The CHAIRMAN. They did not find it out until 1927?

Mrs. ROGERS. I do not know when they did find it out. They allowed him to resign with prejudice in 1927.

General Hines knows about the case.

The CHAIRMAN. I understood you to say this morning that this happened in 1922.

Mrs. ROGERS. In 1922 I made my first report that I thought he was unfitted.

The CHAIRMAN. But you did not know about his wildecating activities at that time?

Mrs. ROGERS. I did not know anything about it at that time.

Mr. SCRIVNER. Can I proceed, Mr. Chairman?

The CHAIRMAN. Yes, sir.

Mr. SCRIVNER. Then your fifth series, Mr. Deutsch, you make what to me is a very alarming statement.

You state as a fact that one of the most striking facts about the medical and hospital care is the prevailing tendency to dehumanize the sick and disabled vets.

Now, upon what facts do you base that?

Mr. DEUTSCH. The lack of doctor and patient relationship in the veterans' hospitals, which has been commented upon very frequently by medical authorities.

Mr. SCRIVNER. What did you observe?

Mr. DEUTSCH. What?

Mr. SCRIVNER. Did you observe anything that would indicate that there was a lack of understanding or dehumanizing as to our sick and disabled veterans?

Mr. DEUTSCH. Yes.

Mr. SCRIVNER. What did you see?

Mr. DEUTSCH. A man in a New York area office that I interviewed. There was this passionate emphasis on pension ratings and disability.

Mr. SCRIVNER. That was in the regional office, was it not?

Mr. DEUTSCH. I found that reflected in the central office too, sir.

Mr. SCRIVNER. Well, what about the hospitals?

Mr. DEUTSCH. The hospitals are administered from the central office.

Mr. SCRIVNER. What did you find in the hospitals that you can base this statement on that there was a tendency to dehumanize the sick and disabled veterans?

Mr. DEUTSCH. The failure to follow up patients, the failure to provide necessary out-patient treatment, the feeling that they had

done their job when they gave a man a pension, and the—just generally—what was, in my view, and more importantly, I think the view of medical authorities—

Mr. SCRIVNER. Well, let us get back to facts.

Mr. DEUTSCH. Those are facts, sir, of my opinion.

Mr. SCRIVNER. In your opinion, yes; but I am asking you now about the facts on which you base that opinion. You went in four hospitals, did you not?

Mr. DEUTSCH. I went in four hospitals.

Mr. SCRIVNER. Did you see anything in those four hospitals that indicated any lack of consideration for those patients on the part of any member of the staff at all?

Mr. DEUTSCH. There was this tendency to regard a patient as a pension case.

Mr. SCRIVNER. Did you see in those hospitals anything that would indicate a lack of human relationship there? What did you see?

Mr. DEUTSCH. Well, for instance at the Northport Facility when I asked the doctor—Colonel Verdel—for a break-down of the types of ailments he said:

I can give you a list of the non-service-connected cases and the service-connected cases but I cannot give you a medical break-down because we haven't got it.

Mr. SCRIVNER. That is not anything that indicates to me any lack of humanitarian treatment of these men.

Mr. DEUTSCH. Well, a man is in a hospital to get treatment medically.

Mr. SCRIVNER. Did you observe anything on the part of these doctors or nurses that indicated anyone who was not getting this medical treatment?

Mr. DEUTSCH. I did not see any doctors on the wards, I saw very few nurses on the wards; I saw many of them in their offices writing away. And one of the points that is medically universal is that doctors spend one-third of their time, on the average, in paper work, away from the patients.

Mr. SCRIVNER. Where is there any dehumanizing there? Did you see any patient in any one of those four hospitals that was suffering from lack of care?

Mr. DEUTSCH. I do not know exactly how that article was written, sir.

Mr. SCRIVNER. Well, just answer my question.

Mr. DEUTSCH. Well, we have to get a definition of the dehumanizing.

Mr. SCRIVNER. Did you see any patient in any one of those four hospitals that was suffering from the lack of care?

Mr. DEUTSCH. Lack of medical care?

Mr. SCRIVNER. Yes.

Mr. DEUTSCH. Yes.

Mr. SCRIVNER. What patient, what hospital?

Mr. DEUTSCH. At the Northport Facility.

Mr. SCRIVNER. And what patient?

Mr. DEUTSCH. I did not ask the patients their names.

Mr. SCRIVNER. What doctor was at fault? What doctor failed to give the proper care?

Mr. DEUTSCH. Well, that is one way of approaching the subject, sir. I have another way. When Northport is supposed to be a center of electric-shock treatment and they only have——

Mr. SCRIVNER. You have made the blanket allegation. And I am trying to find out what facts you have. Not conclusions, but facts.

Now, you say you saw one patient at Northport Hospital.

Mr. DEUTSCH. I did not say one patient. Several wards were neglected, in my opinion.

Mr. SCRIVNER. I understood you to say one patient was suffering from lack of care.

Mr. DEUTSCH. No, sir.

Mr. SCRIVNER. Did you see any patients that were suffering from lack of care?

Mr. DEUTSCH. I went from ward to ward and these patients were just sitting around, not getting any active care. The attendants were just sitting around, instead of aiding them therapeutically, and I saw no doctors on the ward.

Mr. SCRIVNER. I think you told me awhile ago that you are not a doctor.

Mr. DEUTSCH. That is right.

Mr. SCRIVNER. Do you think you are in position to pass judgment on whether those patients were getting adequate care or not?

Mr. DEUTSCH. From time to time as I conducted this journalistic survey you understand I consulted doctors on standards.

Mr. SCRIVNER. What did you see there? You are not a medical man.

Mr. DEUTSCH. I have been in——

Mr. SCRIVNER. So you have no specific cases whatsoever that you can give us now?

Mr. DEUTSCH. No individual cases.

Mr. SCRIVNER. All right.

Let us go down to this next one [reading]:

These hapless men usually have their noses stuck so deeply in procedure that they have no time to consult their materia medica.

Now, can you name one doctor or one hospital where they had their noses stuck so deeply in procedure that they did not have any time to read the materia medica?

Mr. DEUTSCH. That was a figure of speech. I did not mean they went around the wards with their noses stuck in——

Mr. SCRIVNER. I think I understand English.

Mr. DEUTSCH. The figure of speech employed there is that they had to spend so much time studying the rules and regulations that they had too little time to study medicine.

Mr. SCRIVNER. You have made this as an out-and-out statement. Anyone would assume from your statement that these men never had any time for anything except that.

Now, you say "usually." That means most of the time.

Now, can you set down in any one of the four hospitals you were in any doctor that usually kept his nose in the book of regulations?

Mr. DEUTSCH. Not literally.

Mr. SCRIVNER. So, so far as this statement is concerned there is not any basis of truth.

Mr. DEUTSCH. There was a basis of truth. That is a figure of speech there.

Mr. SCRIVNER. All right. What doctors did you see keeping their noses in the volume of regulations?

Mr. DEUTSCH. That does not mean literally sticking their noses in a book.

Mr. SCRIVNER. You say these men usually have their noses stuck so deeply in a book.

Mr. DEUTSCH. That was just a——

Mr. SCRIVNER. That was just a quip?

Mr. DEUTSCH. A quip with a meaning.

Mr. SCRIVNER. But no basis of facts

Mr. DEUTSCH. Yes; there was a basis of fact.

Mr. SCRIVNER. All right. What?

Mr. DEUTSCH. They have a 300-page book of regulations and procedures.

The doctors I talked to complained this was very complicated, and unless they knew their regulations and procedures they would get into trouble.

Mr. SCRIVNER. Well, let us admit that; but you have made the statement that they usually had their noses in that book and that they did not have time to read materia medica.

That was not a fact, was it? You can answer that yes or no. It was not a fact, was it?

Mr. DEUTSCH. It was a fact in my opinion.

Mr. SCRIVNER. All right. Tell us the doctors and hospitals where you saw that take place.

Mr. DEUTSCH. Again I say it was just a figure of speech.

Mr. SCRIVNER. You just said it was a fact. All I am trying to do is find out whether it is or is not. That is all I want to know.

Mr. DEUTSCH. If you asked me, sir, if I think it was figuratively true, I would have to say yes.

If you ask me if it was literally true, I would have to say no.

Mr. SCRIVNER. All right. It is not literally true?

Mr. DEUTSCH. It is not literally true.

Mr. SCRIVNER. So you make another statement that one hospital may have vacant beds while another is grossly overcrowded and takes months to get in.

What hospital are you referring to there?

Mr. DEUTSCH. Both Northport and Kingsbridge, to my knowledge.

Mr. SCRIVNER. That is where they have a long waiting list and have to wait months——

Mr. DEUTSCH. I got that information too from the medical director.

It was either Colonel Griffith, or it was someone in the central office administration, who also gave me a list of hospitals that have had emergency beds put in them above rated capacity because of the need to take care of waiting lists; and I have that list here, if you care to see it.

Mr. SCRIVNER. I think I have it.

Mr. DEUTSCH. It shows 56 hospitals.

Mr. SCRIVNER. All right. Now, what hospital do you say is grossly overcrowded?

Mr. DEUTSCH. Can I refer to——

Mr. SCRIVNER. I want to know. You say it is grossly overcrowded.

Mr. DEUTSCH. If you will permit me to refer to my——

Mr. SCRIVNER. Sure. Sure.

Mr. DEUTSCH. I would say the Northport facility I visited is very overcrowded.

Mr. SCRIVNER. Grossly overcrowded?

Mr. DEUTSCH. No; it would not be grossly overcrowded.

The CHAIRMAN. Which one is that?

Mr. DEUTSCH. Northport.

Mr. SCRIVNER. All right. What one is grossly overcrowded?

Mr. DEUTSCH. I would not have the specific hospitals, but I could give you indications here.

Mr. SCRIVNER. That would be your opinion. You are writing these as statements of fact. What hospital may have vacant beds while another is grossly overcrowded. I am trying to find out what one is grossly overcrowded.

Mr. DEUTSCH. I believe that is a statement made to me in central office. I consider them reliable.

Mr. SCRIVNER. So of your own knowledge you do not know of any hospital that is grossly overcrowded?

Mr. DEUTSCH. No; except I would accept such a statement—

Mr. SCRIVNER. You do not know personally of any that is grossly overcrowded?

Mr. DEUTSCH. Mr. Scrivner, you must remember I am a reporter, and I have to base my material on what I consider to be reliable sources.

Mr. SCRIVNER. All right. Of your own knowledge you do not know of any hospital that is grossly overcrowded?

Mr. DEUTSCH. Not at the moment; no.

Mr. SCRIVNER. Now, you have another one in your article of January 12 when you talk about pensionitis or pensionneurosis. [Reading:]

They make social wrecks of potentially useful citizens.

Now, what are the facts on which you base that conclusion?

That is the article of January 12.

Mr. DEUTSCH. I would like to refer to testimony by Col. William C. Meninger.

Mr. SCRIVNER. No. Let us take what you know, first. You made the statement.

Mr. DEUTSCH. I attended these hearings, sir, and a good deal of my information is based on material I got from such documentary sources.

Mr. SCRIVNER. Why did you not state then as a matter of factual reporting that some doctor made this charge that this makes social wrecks of potentially useful citizens?

This statement comes from you as a fact.

Mr. DEUTSCH. There is a letter I would like to read. I did cross off the name of the sender; case of a man who wrote me that he had a 30-percent cardiac disability and said that he had been offered a job—

Mr. SCRIVNER. That is the one you tell about in this story.

Mr. DEUTSCH. That is an index of what happens. When a man refuses remunerative work at something in which he is experienced because he is afraid he might lose his pension, I think something is happening to that man.

Mr. SCRIVNER. What shall we do? Repeal all the laws granting disabled veterans pensions?

Mr. DEUTSCH. No. And I do not pretend to know all the answers to these questions, sir. I assume that is what the committee is for.

Mr. SCRIVNER. So, according to your statement, the fact that the man is receiving a pension is going to make a social wreck out of him?

Mr. DEUTSCH. Not the fact that he is receiving a pension.

Mr. SCRIVNER. That is what you say here.

Mr. DEUTSCH. I say when the idea of a pension inhibits a man's social adjustment then something must be done about it.

Mr. SCRIVNER. Are we to repeal our laws granting pensions?

Mr. DEUTSCH. I am not suggesting repealing the law, sir.

Several suggestions are made in that article which I did refer to.

I have the suggestion of Colonel Meninger here and he refers to baiting these psychoneurotics.

That is now my word. It is the word used by Colonel Meninger himself. He is the chief of psychiatry in the Army.

Mr. SCRIVNER. Have you heard that expression used by any of the doctors?

Mr. DEUTSCH. Yes; Colonel Cook told me he considered it a very serious problem himself.

Mr. SCRIVNER. Let us go on to your article of January 16 where you talk about 30,000 men being discharged because of neuropsychiatric disabilities.

That is in heavy type.

You go to the next paragraph and say [reading]:

However, most of those do not need hospital treatment.

Is that what you found to be true, that most of the men coming out with those disabilities do not need hospitalization?

Mr. DEUTSCH. I am told, and I have the source of those figures here, sir, that a great majority of those who have been discharged on psychiatric grounds have been fairly well adjusted——

Mr. SCRIVNER. So the fact that these men do not need hospital treatment somewhat lessens the need for new hospitals?

Mr. DEUTSCH. That does not lessen the number of patients who need attention, sir.

Mr. SCRIVNER. Outside of these cases in New York that you mentioned, of your own knowledge do you know how many mentally ill veterans that need hospitalization are not able to get it?

Mr. DEUTSCH. I could not give you any figures; no.

Mr. SCRIVNER. Now, here is another alarming statement—this is in your article of January 17 after you talk about these cases in New York, and you say:

Veterans' Administration officials are not greatly concerned.

That is in connection with the fact—you have been talking about some of these men getting hospitalization.

Now, can you give me the name of any of the Veterans' Administration officials who are not concerned about this?

Mr. DEUTSCH. Where is that?

Mr. SCRIVNER. That is in the second paragraph of the article of January 17, about two-thirds of the way down, after you are speaking about Col. Charles Cook.

You make this statement [reading]:

Thousands of New York veterans with psychiatric ailments are failing to get the rehabilitative treatment they need desperately, and should be getting from the Veterans' Administration.

Veterans' Administration officials are not greatly concerned.

Mr. DEUTSCH. Well, I talked to Colonel Baird, whom I like personally.

Mr. SCRIVNER. Who is Colonel Baird?

Mr. DEUTSCH. Col. John M. Baird is Chief of Psychiatry of the Veterans' Administration in Washington. And for some 3 or 4 months before I wrote this I was in touch with Colonel Baird four or five times.

I was asking him about the progress of providing out-patient treatment for neuropsychiatric cases.

The Veterans' Administration until late 1944 took no action, so far as I could understand.

Mr. SCRIVNER. Let us get back. You have made the statement the Veterans' Administration officials are not greatly concerned.

Mr. DEUTSCH. If they were greatly concerned, sir, they would have stepped up the provision of out-patient treatment for these cases.

Mr. SCRIVNER. So then you are basing that conclusion upon your statement now, on the fact they have not stepped this up to the extent that you think they should have?

Mr. DEUTSCH. That is right. And others think.

Mr. SCRIVNER. Now, we go to another statement that is very alarming to me, and I know it must be to veterans, prospective hospital patients, and their families, where you are talking about Veterans' Administration physicians, and you say:

Their concern is with paper work, not patients.

The CHAIRMAN. Mr. Scrivner, I understood him to say awhile ago that Colonel Baird is not concerned.

Mr. SCRIVNER. That is not what he said.

The CHAIRMAN. What did he say about Colonel Baird?

Mr. DEUTSCH. I said that was my impression from my talks with him.

The CHAIRMAN. You say you got the impression from Colonel Baird that they were not very much concerned about the recovery of these men?

Mr. DEUTSCH. My impression was that Dr. Griffith and Colonel Baird were not very much concerned with out-patient treatment for these men because they acted so slowly, and so far as I know, have not yet made a contract. At least that is what Colonel Baird told me the last time I saw him.

Mr. SCRIVNER. In other words, you are basing that on your opinion that the Veterans' Administration should make contracts—

Mr. DEUTSCH. Not my opinion alone, but it is the opinion of others.

Mr. SCRIVNER. So on this statement you are attacking all the Veterans' Administration officials with the charge that they are not concerned about the welfare of these veterans. I do not know what that means to you, but I know what it meant to me when I read it.

Mr. DEUTSCH. The implication I intended to carry was the administrators concerned with the program.

Mr. SCRIVNER. That they just did not care?

Mr. DEUTSCH. That was the impression I got.

Mr. SCRIVNER. Now, what was the conversation with Colonel Griffith upon which you base that conclusion?

Mr. DEUTSCH. You can learn that from Dr. Stevenson.

Mr. SCRIVNER. Who?

Mr. DEUTSCH. Dr. George S. Stevenson, medical director of the Committee for Mental Hygiene.

The CHAIRMAN. Who is that again, sir?

Mr. DEUTSCH. Dr. George S. Stevenson, medical director of the Committee for Mental Hygiene.

Mr. SCRIVNER. Let us get to this next question: when you are talking about the Veterans' Administration physicians [reading]:

Their concern is with paper work, not patients.

Now, what are the facts about that?

Mr. McQUEEN. What article is that?

Mr. SCRIVNER. That is still January 17.

Mr. DEUTSCH. There is a statement here I have that the doctors say, "Treat the paper, not the patient."

Mr. SCRIVNER. What Veterans' Administration doctors told you that?

Mr. DEUTSCH. I could not remember specifically, sir, but I do not——

Mr. SCRIVNER. All right. What are the facts upon which you base the conclusion that they dispense, not medicine, but pensions?

Do you have any facts that will prove that?

Mr. DEUTSCH. The psychiatric out-patient department of the Veterans' Administration are almost exclusively concerned with making examinations for pension ratings.

That is something Colonel Baird himself said.

Mr. SCRIVNER. You are making a blanket condemnation of Veterans' Administration physicians and making the blanket charge that they dispense not medicine but pensions.

Now, what are the facts?

Mr. DEUTSCH. I did not intend the implication that each doctor is individually guilty, sir.

The implication I intended to carry was that by force of circumstances they were forced to do pension rating instead of treatment, and that is something you can get from the head of the——

Mr. SCRIVNER. All I can do is read your statement:

Their concern is with paper work, not patients. They dispense not medicine but pensions.

Now, if you can get anything out of that but that their entire work is taken up with paper work, I do not know what it is.

Now, do you have any facts? Will you name one doctor who is concerned with paper work and has no concern with patients?

Mr. DEUTSCH. That was not the implication.

Mr. SCRIVNER. Will you name one doctor who does not dispense medicine but dispenses pensions?

Mr. DEUTSCH. You can take the whole psychiatric department at Kingsbridge Road and they will tell you they do not dispense medicine but do pension ratings.

You have the word of Dr. Baird, Mr. Scrivner.

Mr. SCRIVNER. I am trying to get facts.

Mr. DEUTSCH. Well, that is a fact.

Mr. SCRIVNER. One would naturally assume after you made this statement and after you had made 5 or 6 months investigation that you surely must have had some facts upon which you base your conclusion.

Mr. DEUTSCH. Mr. Scrivner, when the head of the Psychiatric Department of the Veterans' Administration tells me that the psychiatric

departments throughout the Veterans' Administration cannot do any active treatment because the doctors are too busy doing pension ratings, I will take his word for it.

Mr. SCRIVNER. That is in the regional offices, is it not?

Mr. DEUTSCH. Each hospital is supposed to have——

Mr. SCRIVNER. So far as any personal knowledge of yours is concerned you cannot cite one instance of where the doctor is more concerned with pensions than the patient?

Mr. DEUTSCH. That is what Dr. Baird said.

The CHAIRMAN. Did Dr. Baird tell you that?

Mr. DEUTSCH. No.

Mr. GREEN. In this article it says:

We have been so busy in the last couple of years examining men for pensions and compensation that our psychiatrists have not had time to give any treatment on an out-patient basis.

That is quoted from Colonel Baird?

Mr. DEUTSCH. That is right.

Mr. SCRIVNER. Let us go on with this article of January 17, where you say:

But the aged, feeble, pension-oriented men who rule the destinies of the Veterans' Administration move like tortoises toward this goal, while thousands of vets lack treatment that might cure them.

Can you at this time name anybody of that description of aged, feeble, pension-oriented men?

Mr. DEUTSCH. In my opinion, sir, both Colonel Griffith and Colonel Baird would fit that description.

Mr. SCRIVNER. All right. So they are the two to whom you refer as ruling the destinies of the Veterans' Administration.

Are they the two?

Mr. DEUTSCH. Colonel Griffith is medical director of the Veterans' Administration. Colonel Baird is the chief of psychiatry.

Mr. SCRIVNER. And are they the ones who rule the destinies of the Veterans' Administration?

Mr. DEUTSCH. That was hyperbole, sir.

Mr. SCRIVNER. Not a figure of speech?

Mr. DEUTSCH. No.

Mr. SCRIVNER. Not a fact?

Mr. DEUTSCH. No. It is an exaggeration.

Mr. SCRIVNER. It is an exaggeration, then, when you say, too, thousands of veterans lack treatment that might cure them?

Mr. DEUTSCH. No; I do not think that is——

Mr. SCRIVNER. Where are the thousands of veterans that might be cured if it was not for these aged, feeble, pension-oriented men?

Mr. DEUTSCH. Dr. Thomas A. C. Mannie, professor of psychiatry at Cornell University Medical School, told me that there are thousands who probably could be cured if they got treatment.

Mr. SCRIVNER. So that statement is based upon hearsay of which you have no personal knowledge?

Mr. DEUTSCH. It is based on what I consider to be authoritative——

Mr. SCRIVNER. It is hearsay. You do not have any personal knowledge of it yourself?

Mr. DEUTSCH. If the National Research Council——

Mr. SCRIVNER. You have no personal knowledge of it yourself?

Mr. DEUTSCH. No; I have no personal knowledge of it.

Mr. SCRIVNER. Do you still have Mr. Hegler's diary?

Mr. DEUTSCH. Yes; I have.

Mr. SCRIVNER. Do you have it here?

Mr. DEUTSCH. Yes; I have.

The CHAIRMAN. Mr. Ramey.

Mr. RAMEY. In your recommendations I want to concur with you, indeed, in at least one, as for suggestions, suggesting that all the laws relating to veterans should be codified. I believe that is the recommendation.

Mr. DEUTSCH. Yes.

Mr. RAMEY. Do you not believe that every law relating to veterans should be codified with an index that any veteran can read and immediately find the law, and the laws to be put in such concise language that any veteran or any citizen could understand them?

Mr. DEUTSCH. Yes.

The CHAIRMAN. Mr. Ramey, that has just been done, and about 150 copies have been allotted to every Member of Congress.

Mr. RAMEY. That is the GI bill?

The CHAIRMAN. No. Codified down to date.

Mr. RAMEY. I have not seen that. I would like to see that. I want one of them.

Now, you suggest a medical corps under a surgeon general.

Do you mean that there should be a surgeon general at the head of the Veterans' Administration to displace General Hines and that man be a medical man?

Mr. DEUTSCH. No, sir. To put the medical work under a medical director in the hands of a surgeon general who would be responsible to General Hines.

Mr. RAMEY. Be responsible to General Hines?

Mr. DEUTSCH. Yes.

Mr. RAMEY. Do you suggest there should be a person in the cabinet in full charge, or do you think the surgeon general under General Hines, or whoever is there, could function?

Mr. DEUTSCH. My opinion is that if a medical corps is headed under a surgeon general, as far as the medical corps is concerned it would not be necessary to create an administrator of veterans' affairs as a Cabinet post, but I am not qualified to discuss the whole general subject.

Mr. RAMEY. You did hear General Hines say when you suggested psychiatry and so forth "I will not let them experiment on my veterans"?

Mr. DEUTSCH. Yes, sir.

Mr. RAMEY. That was General Hines' statement?

Mr. DEUTSCH. Yes, sir.

Mr. RAMEY. Now, one statement you made—I will ask you the question this way:

I visited the hospitals of Roanoke, Va.; and Huntington, W. Va.; Chillicothe and Dayton, Ohio; Fort Custer and Dearborn, Mich., following Congressman Huber and Congressman Cunningham, and at each place I talked with the medical director or head nurse, and

said "Do you allow the attendants or anyone to give these patients sedatives like barbitol and so forth," and their answer was no; and the medical cabinet is locked up.

Now, in the hospitals you were in did you notice the medical cabinets were open and the attendants could get these pills just to put them to sleep easy and get out of work?

Did you notice anything like that?

Mr. DEUTSCH. No, sir. On the contrary, I was impressed with the number of checks they had at the hospital against misuse of drugs.

Some of the doctors, as a matter of fact, complained that it was too hard for them to get drugs.

Mr. RAMEY. That is the same situation that I found.

Do you know personally—getting way back about Senator Hawes and the other gentleman—do you know personally, covering recent years and the times of which you have written, of any Congressman or any Senator that secured the appointment of any person in the Veterans' Bureau by personal influence or bypassing civil service?

Mr. DEUTSCH. I do not know that personally, sir.

Mr. RAMEY. Not of your own knowledge.

Do you know of any Congressman causing the removal of anyone that is doing good work in the Veterans' Bureau and appointing some person there?

Mr. DEUTSCH. I never heard of that latter.

Mr. RAMEY. Did you confer with a person by the name of Mary Leland?

Mr. DEUTSCH. Not to my recollection, sir. I did consult with Miss Grant who is director of social service in the Veterans' Administration.

Mr. RAMEY. A lady came to my office on several occasions and said she had been in the Veterans' Administration about 25 years and should be promoted.

She said she had not been promoted because all the political folks were promoted, and she was still there. She was a resident of Toledo.

I talked to the General about that and he said she was a good typist so he was not bothering about what her gossip was outside.

Mr. DEUTSCH. I did not talk to her.

Mr. RAMEY. Now, the words in your headlines about pension neurosis, psychotic, words of this kind, or, going to Siberia—that is what doctors usually use when they are transferred; all these terms are terms that you find in Stuart Chase's Use of Words.

We say sometimes when we want to call a person a name, we call them a psychotic.

Mr. DEUTSCH. Psychotic has a real medical usage.

Mr. RAMEY. But if you do not like him you say he is a psychotic or he is a neurotic. It is something we use about the other fellow.

Now, in this medical corps under a surgeon general do you see any danger that the veteran—do you not think there should be an exemption?

Suppose a veteran does not want to be treated by medicine; do you not think if a person wants to be treated by some other means and he can be brought back to life by some other means, that that is his privilege?

Mr. DEUTSCH. I am not prepared to discuss that.

Personally I feel that modern medicine has the basis to heal everybody, and I am suspicious of cults outside of medical practice.

Mr. RAMEY. Well, you would not call Catholicism or Christian Science a cult, would you?

Mr. DEUTSCH. When it impinges upon medicine the faith healing as preached by Christian Science is commonly known as the cult in its medical implications.

Mr. RAMEY. Well, in psychiatry you concede there are many psychiatrists who are not competent?

Mr. DEUTSCH. Unfortunately the field of psychology and psychiatry is just teeming with quacks and incompetents to my mind.

Mr. RAMEY. That is all.

Mr. STIGLER. Mr. Chairman, may I ask a question?

The CHAIRMAN. Mr. Stigler.

Mr. STIGLER. Mr. Deutsch, in your article on Monday, May 12, 1945, you headline your article, "Vet Bureau in charge of TB case."

I want to direct your attention to this language used, talking about the pension system; the main fault you say lies in a pension system which puts a premium on a man staying in a hospital or staying away from it.

What is your remedy?

Mr. DEUTSCH. The remedy that has been proposed by these men—the remedies are several.

One of them is that single men in hospitals for the tuberculars be given their full pension of \$115 when totally disabled, when they get now only \$20 in any hospital; that they be given their full pension, but that the pension be withheld until they are given maximum hospital benefit, so that they do not get the feeling that they are losing money while they are in a hospital.

That is one of the remedies I have heard, which I think warrants consideration.

Mr. STIGLER. In other words, you propose that they stay there until they are cured?

Mr. DEUTSCH. Until they get maximum hospital benefits. I understand the word "cured" is not used for tuberculars; "quiescent."

It seems to me the thought of these tubercular experts I have talked to is that the main reason for them getting out of hospital against medical advice, or just going A. W. O. L., is due to the fact that a lot of the men feel they can get out and get their \$115 a month, while in a hospital they can only get \$20.

Mr. STIGLER. In addition to this doctor, how many other doctors did you talk to?

Mr. DEUTSCH. Dr. Edward, head of the New York City Health Department and chairman of the National Committee which is now making a study of the tuberculars at General Hines' request.

Also, the radiologist, professor of radiology at Temple University Medical School, who is a member of General Hines Special Medical Advisory Group, and who is an official in Philadelphia, Pa.; and I suppose two or three others that I cannot recall now.

Mr. STIGLER. That is all. Thank you, Mr. Chairman.

Mr. KEARNEY. Dr. Dublin—was he not in charge of the Mount McGregor Sanitarium, do you know? The hospital was either closed yesterday or is going to be closed in the near future.

Mr. DEUTSCH. I have heard it is going to be closed in August, I believe.

Mr. KEARNEY. Have you ever heard any rumors that this hospital is offered for sale to the Veterans' Administration?

Mr. DEUTSCH. I have not heard any rumors to that effect.

Mr. KEARNEY. And these hospitals that you visited did you eat at any of the tables in these facilities? Did you have any meals there?

Mr. DEUTSCH. No. I visited Mount Alto and Castle Point unofficially; that is, I did not go through regular channels.

I visited Northport and Kingsbridge Road officially through letters from an Assistant Administrator.

At Kingsbridge Hospital one thing that disturbed me—and I did not write about it because I did not think it was pertinent to my own material—was lack of a dining room for doctors and other medical aides.

It seem when the hospital was constructed they had forgotten to put in a dining room for the doctors and their medical aides, and when Colonel Cook took me through I found a lot of employees eating in the corridors.

There were a lot of laboratory smells where we found employees eating.

Mr. KEARNEY. When did you visit the Bronx?

Mr. DEUTSCH. December last year.

Mr. KEARNEY. Did you go through the refrigeration rooms?

Mr. DEUTSCH. Yes; I did.

Mr. KEARNEY. What was the condition when you went through the refrigeration rooms? Did you see some stocks of meats and vegetables?

Mr. DEUTSCH. I saw meats at Kingsbridge, but I have no clear recollection of exactly what this condition was.

Mr. KEARNEY. Did you examine the meats to see what the condition was?

Mr. DEUTSCH. No.

Mr. KEARNEY. And you did not eat any meals there?

Mr. DEUTSCH. Not at Kingsbridge.

Mr. KEARNEY. Did you go into the dining room where the men were eating?

Mr. DEUTSCH. No.

Mr. KEARNEY. Did you go in the refrigeration rooms at any of the other hospitals?

Mr. DEUTSCH. At Northport I did.

Mr. KEARNEY. Did you find good beef, lamb, and pork?

Mr. DEUTSCH. Yes. In very good condition.

Mr. KEARNEY. And did you see any vegetables?

Mr. DEUTSCH. I did not see any vegetables.

Mr. KEARNEY. Did you eat there?

Mr. DEUTSCH. I ate in the canteen.

Mr. KEARNEY. That is separate and distinct from the dining room. That is sort of a supplement.

Mr. DEUTSCH. I did go through the kitchen as they were cooking the evening meal.

I did get a lot of complaints from patients, but I could not confirm them on my visits. I did see a good meal being prepared.

Mr. KEARNEY. Did you go through the kitchen at any of the other facilities?

Mr. DEUTSCH. I did go through the kitchen at Castle Point.

Mr. KEARNEY. What was the condition?

Mr. DEUTSCH. Not as good as Northport.

Mr. KEARNEY. Were they preparing a meal?

Mr. DEUTSCH. Yes. I did not look very closely into the kitchen, not enough to say anything one way or the other in my paper, but I did not get a good impression there.

Mr. KEARNEY. Did you watch them prepare the food there?

Mr. DEUTSCH. I was only in the kitchen about 2 minutes.

Mr. KEARNEY. Your impression was not very favorable?

Mr. DEUTSCH. Not very favorable but not too unfavorable.

Mr. KEARNEY. Can you recall what they were preparing that meal?

Mr. DEUTSCH. No; I cannot.

Mr. KEARNEY. Did you visit the refrigeration room at any of the other facilities?

Mr. DEUTSCH. No. There was Kingsbridge Road and Northport, which I visited in company with the managers, and at Castle Point, where I just looked in.

Mr. KEARNEY. Along with Mr. Scrivner I was concerned about this statement under date of January 10 on political pull.

Speaking about the \$4,600 post [reading]:

The jobs above that range, with very few exceptions, go to men with political pull (meaning the support of the American Legion or some other veterans' group, the backing of his Congressman, etc.) or with personal connections with top men in Washington.

Well, I want to say to you, Mr. Deutsch, that in the year I was commander in chief of the Veterans of Foreign Wars I can testify with knowledge that no veteran that I knew in our organization was ever appointed to a job with the Veterans' Administration, and I am quite anxious to find out if that is so, because if it is, I have a lot of good men that I would like to recommend for those jobs. Now, if that is political patronage, I am perfectly willing to take my share of it, providing they are good men.

Mr. CHAIRMAN, it is now 20 minutes after 3, and I do not want to—

The CHAIRMAN. We want to finish with this witness if there are any other questions.

Mr. KEARNEY. No.

Mr. SCRIVNER. I would like to ask one question right along that same line.

The CHAIRMAN. Yes.

Mr. SCRIVNER. Mr. Deutsch, in your article of January 10 you refer to overgenerous veterans preference.

What is your meaning of overgenerous veterans preference? Do you think veterans preference ought to be abolished?

Mr. DEUTSCH. No. As a matter of fact, I did state in one of my articles that veterans' preference ought to be used elsewhere. I do not know whether it is in this series. I have made the point that disabled veterans should get first priority in the Veterans' Administration.

Mr. SCRIVNER. What do you mean by overgenerous?

Mr. DEUTSCH. As I recall it, instances were called to my attention by men I interviewed of cases where men got jobs in the veterans' facilities merely on the basis that they were veterans.

Mr. SCRIVNER. Do you think that is overgenerous?

Mr. DEUTSCH. Well, I believe if two men have similar qualifications—

Mr. SCRIVNER. Have you studied the civil-service regulations relative to veterans' preference and how they get it?

Mr. DEUTSCH. I have seen some. And I have not studied it intensively.

Mr. SCRIVNER. Do you think they are overgenerous?

Mr. DEUTSCH. That was the consensus of opinion.

Mr. SCRIVNER. That was your statement. Do you think they are overgenerous?

Mr. DEUTSCH. On the basis of the material that I considered reliable at that time.

Mr. SCRIVNER. From the fact that you know of your own knowledge you think they are overgenerous?

Mr. DEUTSCH. I have no knowledge.

Mr. SCRIVNER. No personal knowledge.

Mr. DEUTSCH. No personal knowledge.

Mr. ENGLE. Mr. Deutsch, I notice in your article of January 10, 1945, you say the picture of the Veterans' Administration is a pretty black picture insofar as Federal medicine is concerned, and then:

As a bright contrast, however, we have the example of the United States Public Health Service, which does attract and hold good doctors, which does stimulate scientific research, which does produce first-rate medical men, which does maintain high standards of health and medical service.

Now, you have compared two Federal agencies.

Now, what I would like to ask you is:

What are the differences in the modus operandi of those two agencies that makes one such a black picture and the other so bright?

What does Public Health Service do?

Mr. DEUTSCH. I think I could give you some primary factors. One of them is that the Surgeon General, Dr. Parran, is given complete independence in running his organization. It is a medically run organization. It is not run by laymen.

Mr. ENGLE. In other words, from the standpoint of attracting good doctors, you say it is run by a medical man and not by laymen?

Mr. DEUTSCH. That is right.

Mr. ENGLE. This is one of your criticisms of the Veterans' Administration?

Mr. DEUTSCH. That is one.

Mr. ENGLE. Now, what else would you say about—

Mr. DEUTSCH. No. 2, the Public Health Service gives fellowships to young doctors in the Service who show promise, and sends them to all parts of the country to study their specialties so they can become experts in it; and it has these young doctors competing in it, and before the war it was sending these young doctors to Europe at the expense of the Public Health Service, so that they could become proficient in their specialties. The Public Health Service encourages doctors to attend as many medical meetings as possible, it encourages doctors to join the American Medical Association. I have been a constant critic of the American Medical Association, but I do believe from a psychiatric point that every doctor should be encouraged to join the AMA.

It encourages doctors to become diplomates in their specialties.

It has this fine research out at Bethesda, and those are the things that make up real medical atmosphere, as distinguished from the Veterans' Administration.

Mr. ENGLE. Would you say that if the Veterans' Administration would pattern itself to some extent after the Public Health Service it might do some good?

Mr. DEUTSCH. It could do some good.

As I have said, every defect in the Veterans' Administration could be easily remedied.

Mr. ENGLE. You have stated that whenever a Congressman phones the Veterans' Administration, Hines insists on handling the calls personally.

If that is true, and I believe it is bunk—because if it is true, I believe he has neglected one of the junior members of the committee.

Mr. GREEN. What do you term a diplomate?

Mr. DEUTSCH. For instance, in the American College of Surgeons, who admit men who have shown certain qualifications in surgery, who have a definite medical educational background, and when they become diplomates of the American College of Surgeons or the American College of Physicians, they are considered qualified specialists.

Mr. GREEN. It means the attainment of distinction in the medical world?

Mr. DEUTSCH. That is right.

The CHAIRMAN. Mr. Deutsch, what do you get for writing these articles?

Mr. DEUTSCH. I am on a salary.

The CHAIRMAN. What is your salary?

Mr. DEUTSCH. I think it is \$6,000 a year.

The CHAIRMAN. You think it is \$6,000?

Mr. DEUTSCH. It is \$110 a week.

The CHAIRMAN. You say you criticize organized medicine. Have you not criticized just about everything in this country during the last few years?

Now, I do not have any more questions I want to ask you, but I want to make one statement for the record.

This fellow Funkhouser, what State is he from?

Mr. DEUTSCH. Originally from Missouri. His father was State president of the Missouri State Medical Society.

The CHAIRMAN. Ex-Senator Hawes is still living.

Fred Steiwer, of Oregon, is dead. He was an overseas veteran in the last war.

And I want to say to you now that the veterans never had a better friend in either House than Fred Steiwer, and I do not want this statement to go into the record reflecting on him as having used his position as Senator to try to put some incompetent individual in the Veterans' Administration.

I remember in 1933 when they had the so-called economy that brought so much injury to the veterans, two Senators who are now dead. One of them was Fred Steiwer and the other, I believe, was Senator Cutting, of New Mexico.

Those men I do not propose having you come in at this late day and leave the impression that Fred Steiwer was a cheap demagog or

used his position to try to force some incompetent disabled veteran on the Veterans' Administration.

You may go now.

Mrs. ROGERS. May I ask a question?

The CHAIRMAN. Yes.

Mrs. ROGERS. Dr. Dublin is a member of the Medical Advisory Board of the Veterans' Administration that was appointed in 1921.

As I understand it he has been a member since its origin in 1921.

Do you know whether that board has met since 1937?

Mr. DEUTSCH. As I remember, it had not met since 1929, and at least one member of that committee, Dr. Overholser of St. Elizabeths is wondering what his status is, because the Medical Advisory Board has never got any notice that it had been discontinued; on the other hand, during this whole crisis it has never been called once to discuss veterans' medicine.

Mrs. ROGERS. Did you find any day rooms converted to beds in any of the hospitals?

Mr. DEUTSCH. At Northport there are a number of day rooms converted to beds.

Mrs. ROGERS. Do you believe that doctors cannot practice medicine under civil-service hours, arriving at 9:30 in the morning—

Mr. DEUTSCH. I believe it could be done.

Mrs. ROGERS. If we had enough doctors to stagger it?

Mr. DEUTSCH. Yes.

Mrs. ROGERS. I believe that now all the doctors and the O. D. leave at 4:30 and you do not have enough doctors to take care of the patients.

Mr. DEUTSCH. That is right.

Mrs. ROGERS. That is one reason why you favor a Medical Corps?

Mr. DEUTSCH. That is right.

Mrs. ROGERS. Do you feel that it is unfair to cut a man to \$50 if he is an arrested TB case?

Mr. DEUTSCH. I do not know if it is fair or not.

Mrs. ROGERS. Or should he have the full amount of \$115 until he is cured? Many will not employ a TB.

Mr. DEUTSCH. It is a very serious problem. Tuberculosis men could probably work it out.

Mrs. ROGERS. Many are not employed and their \$50 is not enough, and that is why they go back in the hospital.

Mr. DEUTSCH. It is a vicious cycle.

The CHAIRMAN. They would not be getting that, gentlemen, if it was not for this committee.

The arrested cases were not getting anything.

Mrs. ROGERS. This is another matter.

The CHAIRMAN. I am talking about what you said about the arrested TB cases. They were not getting anything.

A member of this committee at that time forced through this amendment to give them this \$50.

Mrs. ROGERS. They should not have been cut to \$50.

The CHAIRMAN. They were not getting anything at that time. They were taken off the roll.

Mr. CARNAHAN. Your investigation goes back to December. Are you in possession of any new facts that you could tell the committee about?

Mr. DEUTSCH. There is nothing I could tell the committee about, but I would strongly urge the committee to invite members of the special Medical Advisory Board—special medical advisory group recently appointed by General Hines—a number of whom have made expert investigations of a number of veterans' hospitals and who could give authoritative opinion to the committee.

The CHAIRMAN. Mr. McQueen.

Mr. McQUEEN. You speak in your article of the 16th about a veteran who had committed nine crimes, reported to you by Dr. Holla, I believe.

Mr. DEUTSCH. That is right.

Mr. McQUEEN. And do you know whether or not this man had been committed to the veterans' hospital or had been committed to any hospital or had gone without leave or escaped otherwise?

Mr. DEUTSCH. Well, I have the statement of Dr. Holla in my brief case. I cannot recall offhand.

Mr. RAMEY. Is that the Dearborn case?

Mr. McQUEEN. No.

Mr. DEUTSCH. No; this was in Westchester County.

Mr. McQUEEN. Well, you understand either New York or the Veterans' Administration could not have held him there against his wishes. Is that not true?

Mr. DEUTSCH. It is true, too, that the managers of the hospitals in the State of New York have the right to hold a man, and the medical director can advise commitment if he deems it to the man's own benefit to be committed.

Mr. McQUEEN. You do not know what the circumstances were with reference to this man?

Mr. DEUTSCH. No, I do not, other than what Dr. Holla told me.

Mr. McQUEEN. Now, on this pensionitis that you speak of in your article, have you any other suggestions other than that a man be paid a lump sum and discharged from the hospital?

Mr. DEUTSCH. One other suggestion, I think it might be a good idea to have an adequate corps of social workers who can keep contact with men on pensions but not receiving hospital treatment, and who could help adjust them to their communities so that they are not frightened about getting a job without losing their pensions, and I think by doing that you can salvage men socially and save the Government money.

Mr. McQUEEN. In other words, you would favor paying them a pension and having someone that would keep track of them from a social standpoint?

Mr. DEUTSCH. That is right. Giving them treatment wherever necessary.

Mr. McQUEEN. Keep in touch with them through some social agency?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. Oh, then you do not favor paying them a lump sum all at once?

Mr. DEUTSCH. The lump sum is one alternative, Mr. McQueen, but this is another one.

Mr. McQUEEN. Now then, a while ago, in answer to questions of Mr. Scrivner, you stated that you would not change the business

head, so-called, of the Veterans' Administration, but you would take the medical and put it under a head of its own.

Mr. DEUTSCH. That is right.

Mr. McQUEEN. And then, prior to that time, you said that the medical head of the Veterans' Administration could not get to General Hines, or he had to go through other channels.

Mr. DEUTSCH. Colonel Ijams.

Mr. McQUEEN. Now, just state to the committee what you meant, that he had to go through other channels.

Mr. DEUTSCH. Well, the medical director is responsible to Colonel Ijams.

Mr. McQUEEN. I realize that.

Mr. DEUTSCH. Well, the medical department, in my opinion—and I am reflecting, I think, the opinion of qualified medical authorities—should be directly responsible to the Administrator himself.

Mr. McQUEEN. Do you think the fact that he is removed by one step has brought about the things you have complained of in these many articles?

Mr. DEUTSCH. I think it is a factor, because there are two laymen over him.

Mr. McQUEEN. Would you remove the job of the Administrator as a layman?

Mr. DEUTSCH. No; but I would provide for medical independence in the medical program.

Mr. McQUEEN. Now, you are very much opposed to—I take from your testimony—to veterans' preference under civil service.

Is that true?

Mr. DEUTSCH. Oh, no. I never stated it. As a matter of fact, I think in one of my articles I said that veterans' preference is necessary.

Mr. McQUEEN. Well, do you know what a veterans' preference is under civil service?

Mr. DEUTSCH. I could not give you the law on it.

Mr. McQUEEN. Well, I mean generally speaking.

Mr. DEUTSCH. I would not trust my memory on it.

Mr. McQUEEN. Well, if two men, A and B, take an examination, and they both make the same grade, which is passing, do you believe that the veteran should have the preference for that position?

Mr. DEUTSCH. Most assuredly.

Mr. McQUEEN. Now, you cite in one of your articles a man who has a veterans' preference who has secured a job—who applied for a job—with 30 percent disability, without giving his name.

Now, you complain of the fact that he cannot get the job, even though he asks that the pension of 30 percent, or \$34.50, be withdrawn.

You do not mean to infer that that would change his physical disability because the Government withdrew his check of \$34.50 a month, do you?

Mr. DEUTSCH. No; but I was citing that, Mr. McQueen, as an example of the complications of a pension and social adjustment.

Here was a veteran who was getting 30 percent disability.

He told his prospective employer he was getting 30 percent disability. His employer said "I cannot take a chance on you."

He asked the pension board to take him off the list and it was refused.

I say something has to be worked out.

Mr. McQUEEN. That does not change his physical condition at all, does it?

Mr. DEUTSCH. It does not, except that this job was in his special field, and the story as I got it from the social files was that he was capable of handling that job, but the employer did not want to take a chance with him.

Mr. McQUEEN. Well, do you not believe civil service should take into consideration a physical examination as well as a mental at the time the position is applied for or offered?

Mr. DEUTSCH. Do I think it should?

Mr. McQUEEN. Yes. Do you not think physical disability should be taken into consideration?

Mr. DEUTSCH. Certainly it should. But physical disability should be gaged by the extent to which it disables a man for a particular job. And this happened to be a desk job, and this man was a cardiac case, as I recall it.

Mr. McQUEEN. Well, of course, that only applies to United States Government and such State positions as would have civil service.

Mr. DEUTSCH. That is right.

Mr. McQUEEN. There are thousands of men with disabilities up to 50 percent that are holding responsible positions, and if it is not under civil service that has nothing to do with it.

Mr. DEUTSCH. That is not the point in this article.

Mr. McQUEEN. Now, there has been a lot said here today about these NP's.

I wish you would give a definition to this committee of what an NP is.

Mr. DEUTSCH. I would be pleased to within the limits of the extemporaneous definition.

Now, there are two main categories.

One is the psychotic, and the psychotic, as I define it, is a man that is so mentally disabled that he has to be put under social control, usually in an institution, for his own safety or for the safety of the public.

That is a legal definition.

Mr. McQUEEN. That is one definition of an NP.

Mr. DEUTSCH. Now, then, the psychoneurotic is a man usually with a mild mental disorder who needs no institutional control but he does behave abnormally and is mentally sick.

Mr. McQUEEN. In other words, the class two, or class B you describe here, in your opinion is not in need of hospitalization?

Mr. DEUTSCH. No.

Mr. McQUEEN. Have you any other divisions of it?

Mr. DEUTSCH. Those are the two main divisions.

Mr. McQUEEN. Now, the class one division, is that the sixty thousand-some-odd men that you spoke of that come under the NP, when you spoke of the 60,000 men that are NP's?

Mr. DEUTSCH. I think I mentioned the figure 350,000 have been discharged from the Army on neuropsychiatric grounds.

Mr. McQUEEN. Now, what percent of that 350,000 falls in your class one of your definition?

Mr. DEUTSCH. Very minute percentage. I would guess roughly about 2 percent.

Mr. McQUEEN. Two percent of 300,000?

Mr. DEUTSCH. That is a very rough guess.

Mr. McQUEEN. That is 6,000 people.

Mr. DEUTSCH. Yes.

Mr. McQUEEN. Now then, out of the 300,000 you have testified to here and you have written about and which has more or less upset a lot of people, you would say there would only be 6,000 that would need in any way hospitalization?

Mr. DEUTSCH. Institutionalization, Mr. McQueen, which is different from out-patient care.

And it is the out-patient facilities I have criticized most extensively.

Mr. McQUEEN. Well, what percentage would need out-patient treatment?

Mr. DEUTSCH. Now, I am just quoting psychiatric authorities on this.

My understanding is that 25 percent—well, it really ranges anywhere from 25 to 75 percent of the total. And you get that 25 percent in medical treatment.

Mr. McQUEEN. That is 25 percent of the 294,000?

Mr. DEUTSCH. That is right.

Mr. McQUEEN. 25 percent—

Mr. DEUTSCH. That is a minimum. The estimates range all the way up to 80 percent, as a matter of fact.

Mr. McQUEEN. And that you say would only be out-patient treatment?

Mr. DEUTSCH. Yes.

Mr. McQUEEN. And there would only be 6,000 of those who would need hospitalization?

Mr. DEUTSCH. That now need hospitalization.

Mr. McQUEEN. That now need hospitalization that we are so interested in here.

Mr. DEUTSCH. Well, I assume we are interested in institutional and out-patient care, sir.

Mr. McQUEEN. Well, now, what percentage of the patients would you say that are now in veterans' hospitals would be in class 1 and class 2?

Mr. DEUTSCH. Well, I take it nearly all of them we institutionalize on class 1 by definition of their requiring institutionalization.

The psychotic requires institutional treatment.

Mr. McQUEEN. So you would say now, of those who need treatment, 6,000 beds would be a fair number of those who need beds at this time?

Mr. DEUTSCH. That is a rough guess.

Mr. McQUEEN. Why, sure.

Now, you complain that the doctors do not have time to treat patients because of paper work.

Now, you also say that you believe that the heads of hospitals should be doctors in each case.

Mr. DEUTSCH. That is right.

Mr. McQUEEN. Now, would it not relieve the doctor who was in charge of the patients and the medical end of the hospital if he had a business manager at the head of each of these hospitals to take some of the work away from him?

Mr. DEUTSCH. Mr. McQueen, in the Army they have what they call a Medical Administrative Corps, consisting of some 18,000 men

who are trained in hospital administration. The men at the head of the Medical Corps in the Army are doctors, but the business of running the medical program is run most efficiently by the Medical Administrative Corps, made up of laymen.

Now, I would suggest that if the Veterans' Administration would have such a system where it would take these young fellows who are already trained, out of the Medical Corps of the Army, and put them in the hospital program and take it out of the hands of the doctors, then I would say you would have a good system.

MR. McQUEEN. Well, if you have a very efficient doctor at the head of that hospital, would it not take a great deal of his time to do the administrative work of that hospital which he could be relieved of by an efficient manager?

MR. DEUTSCH. There are many hospitals where they have what is called a steward who takes care of all the business, the supplying and the business activities of the hospital, but he is under the doctor.

They have a medical director and a steward.

MR. McQUEEN. You do not mean to infer that a manager of a facility directs a doctor in his treatments, do you?

You do not want the committee to think that?

MR. DEUTSCH. Well, I make this point, sir, that a hospital generally is best administered by a medical man who makes the major decisions—who has over-all superintendence of the hospital and who is relieved from business problems by a steward. I would like, however, to qualify that by saying that I consider a lay manager per se is bad. The fact is that two of our best hospitals in the country, the Johns Hopkins and the Mayo Clinic, have lay-managers, but they say "All we do is ask the doctors what they want and we do it for them and get it for them." In other words, the medical control is in medical hands.

MR. McQUEEN. You do not mean to infer, in reverse, that in the veterans' hospital the manager does any more than that, do you?

MR. DEUTSCH. I mean to say that under the present regulations as I hear them discussed, that could be the case.

MR. McQUEEN. But you do not know that it is the case?

MR. DEUTSCH. I do not know personally. In general my own opinion is that a medical man should be the over-all director of the medical institution.

MR. McQUEEN. Even at Johns Hopkins and Mayo?

MR. DEUTSCH. Even at Johns Hopkins and Mayo.

They are two outstanding exceptions to the rule.

MR. McQUEEN. And you do admit that they are very efficiently run?

MR. DEUTSCH. Very efficiently run; yes.

MR. McQUEEN. Now, are you as a general rule in favor of medicine being administered by—to the veterans—in the manner in which it is now, or, on the line which it is not now, or, would you say it should be taken out from under control of an administration for veterans only and distributed?

MR. DEUTSCH. I think that the medical program for veterans belongs within the Veterans' Administration.

MR. McQUEEN. And that they should still maintain some kind of hospitalization and medical control for these veterans?

Mr. DEUTSCH. For service-connected veterans I believe very firmly that a service-connected case should get medical treatment from the Veterans' Administration for all his ailments.

Mr. McQUEEN. And for non-service-connected, both?

Mr. DEUTSCH. No.

Mr. McQUEEN. And what do you say about non-service?

Mr. DEUTSCH. That the service-connected case should get treated for all of his ailments, whether they are service-connected or non-service-connected.

Mr. McQUEEN. All right. Now, what about the man who is a non-service-connected case and still a veteran?

Mr. DEUTSCH. I think he should be treated in veterans' hospitals primarily, but arrangement could be made in communities for treating non-service-connected cases.

And, incidentally, I am opposed—I believe with General Hines that there has been too much pressure from a great many communities in this country for the building of a Veterans' Administration hospital in their community. I believe that should be well thought out by medical doctors as to the best location for hospitals.

Mr. McQUEEN. Do you believe that the Veterans' Administration ever acquiesced in that?

Mr. DEUTSCH. Not in that regard; no. It did before General Hines came in.

Mr. McQUEEN. It did?

Mr. DEUTSCH. Yes.

Mr. McQUEEN. Now, do you believe that the veterans' organizations made up of the veterans themselves are of any help to the Veterans' Administration?

Mr. DEUTSCH. Sure I do.

Mr. McQUEEN. Well, you complain of pressure that they put on the Veterans' Administration.

Mr. DEUTSCH. I complain of undue pressures.

Mr. McQUEEN. Well, undue pressures that they put on.

Now, in what field do you claim that they put an undue pressure on the Veterans' Administration?

Mr. DEUTSCH. Well, let me give you one illustration that I heard of. Now, this is second-hand, but I think it could be verified very easily.

At a hospital in Massachusetts I understand that some 2 or 3 years ago the manager of the facility tried to institute a real up-to-date tuberculosis program, and in accordance with his program he stopped issuing week-end passes to active cases. That is all going to the best tuberculosis procedures, because in many cases a man goes on a week-end binge and harms himself medically.

So he stopped giving week-end passes to tuberculosis cases, and the veterans' organizations put pressure to give week-end passes, and my information is that the week-end passes were resumed.

Mr. McQUEEN. Do you believe that the veterans——

Mr. DEUTSCH. I believe that the veterans' organizations should show great interest in medical care, but they should leave medical matters to the medical men, such as that one.

Mr. McQUEEN. Do you not believe that veterans' organizations have the good of the veteran at heart and know his problems at least better

than the man who has not served with him and gone through the same experience?

Mr. DEUTSCH. I assume that they have the veterans' welfare at heart.

Mr. McQUEEN. Do you think that the American Legion or the VFW or the DAV should continue their activities of criticism and investigation?

Mr. DEUTSCH. I believe they could be a little more critical on the medical program.

Mr. McQUEEN. You think they should be more critical?

Mr. DEUTSCH. On the medical program.

Mr. McQUEEN. Well, do you know of any time when they have not been critical of the medical program on any State or National convention of any of the three of them?

Mr. DEUTSCH. I read the papers I think very assiduously, and I do not remember any recent criticisms by national commanders of the medical program of the Veterans' Administration.

Mr. McQUEEN. I think you said to Mr. Stigler that you never attended a convention of any veterans' organization?

Mr. DEUTSCH. That is right. I said I read the papers. I do read proceedings too, once in a while.

Mr. McQUEEN. Well, if you could hear just a couple of sessions once in a while I think you would be convinced that your statements are somewhat out of line.

Mr. GIBSON. You are not a veteran of any war?

Mr. DEUTSCH. That is right.

Mr. GIBSON. Do you think that you in your capacity are more interested in the welfare of the veterans, or do you think that the members of the American Legion who have gone through the same trials and hardships that they have gone through, would possibly have at least an equal interest in the welfare of their brothers, with you?

Mr. DEUTSCH. I have never weighed the percentage of interest in veterans, Mr. Gibson, but to many of us who were denied the opportunity to fight for their country the thought has been persistent that they owe it to themselves and to the brethren of their generation to do as much as possible to make up for it.

Mr. GIBSON. You did not answer the question. I say do you think you or the American Legion have the most interest in the veterans? I will make it short for you.

Mr. DEUTSCH. I do not consider that a pertinent question.

Mr. GIBSON. I do not imagine you do. You set yourself up here to criticize the conduct of the American Legion and the Veterans of Foreign Wars and others.

Mr. DEUTSCH. I can criticize the President of the United States, Mr. Gibson, on occasion, yes—

Mr. GIBSON. I love for you to have that freedom of speech you love to sing so much about.

Mr. DEUTSCH. Don't you like the freedom of speech?

Mr. GIBSON. Yes, sir. I expect a little more than you do, if the truth were known.

Mr. DEUTSCH. In your opinion.

Mr. GIBSON. But to sit up here and presume that you are more interested in the welfare of this country than the boys who fought and bled and died—

Mr. DEUTSCH. I never made that presumption.

Mr. GIBSON. Well, you criticized them.

Mr. DEUTSCH. I have just told you that the veterans' organizations themselves have been critical about them.

Mr. GIBSON. You set yourself up as the proper party to correct this from the foundation up, and in that position then you sit there and criticize the members of the Veterans of Foreign Wars and the American Legion for exercising undue influence on the Veterans' Administration. Just where do you get your authority to be that mighty? That is what I would like to know.

Mr. DEUTSCH. I assume that is a rhetorical question, because it is meaningless from my point of view.

Mr. GIBSON. I expect it is.

The CHAIRMAN. Are you through?

Mr. GIBSON. There is one other question I want to ask.

This morning on the few reputed facts that you had in these articles you admit that you did not know where you got that information, and that you are sure that you got it on what you considered reliable authority.

Mr. DEUTSCH. That is right.

Mr. GIBSON. In the next breath you tell us that you cannot name them.

Mr. DEUTSCH. I said I cannot remember.

The CHAIRMAN. Cannot remember.

Mr. GIBSON. Well, you cannot name them if you cannot remember them.

Mr. DEUTSCH. Well, what is the point?

Mr. GIBSON. My point is this: I think that you come in here and put out to the American public the stuff you put out in there, and then come before this committee and testify that you cannot remember where you got it but presume that you got it from reliable sources—

Mr. DEUTSCH. I repeat, Mr. Gibson, if you would call to this Chamber the members of General Hines' committee, special medical advisory group, and ask them, I am sure they will back up substantially every major finding in my articles.

Mr. GIBSON. You are certain of that?

Mr. DEUTSCH. I certainly am.

Mr. GIBSON. Now, you name those of General Hines' staff who will do that and we will get them in here.

Mr. DEUTSCH. I have been authorized by Professor Chamberlin to say that he is willing if called to come before this committee and to say that he agrees substantially with all my major findings, and to testify to that effect.

Mr. GIBSON. That is not what you said though. Did you not say if we get General Hines' staff over here?

Mr. DEUTSCH. I said if you got General Hines' special advisory medical group which he has recently appointed.

Mr. GIBSON. Will you name them?

Mr. DEUTSCH. Call James Anderson, the leading tuberculosis specialist of this country, Dr. John Anderson, who has recently made a report.

Dr. Anderson is the leading thoracic surgeon in the country and possibly in the world.

And all these three people are on General Hines' special medical committee:

Dr. John Anderson, Dr. J. Burnes Mason, and Dr. W. Edward Chamberlin.

Mr. GIBSON. Now, are those the men you got the information from?

Mr. DEUTSCH. They are men of that caliber.

Mr. GIBSON. I did not ask you to describe the caliber of the men.

Mr. DEUTSCH. I did consult Professor Chamberlin.

Mr. GIBSON. Now, what part of this information did he give you? Let us get down specifically.

Mr. DEUTSCH. I would not want to ascribe anything specific to Dr. Chamberlin. I can only repeat that I am authorized to say he agrees substantially with all my major findings and is willing to come here and testify.

Mr. GIBSON. Now then, you say he gave you part of the facts, but you hesitate to point out which facts. You do not give us much opportunity to investigate.

Mr. DEUTSCH. He has been consultant to the Veterans' Administration before he was appointed to this special medical advisory group.

I take it that his appointment was a recognition of his authority along his particular field of radiology and tuberculosis.

Mr. GIBSON. Name us another that you got some of these purported facts from.

Mr. DEUTSCH. I think I named some at the beginning of this.

Mr. GIBSON. Name them now.

Mr. DEUTSCH. Well, there is Dr. George S. Stevenson, medical director of the National Committee for Mental Hygiene; Dr. Lawrence S. Kubie, psychiatric consultant; Dr. Selms P. Funkhouser.

Mr. GIBSON. All right. Now, this morning you said you could not name them, you considered them reliable sources of authority but you could not name them because you had burned up your notes.

Mr. DEUTSCH. These are some of the men I consulted and whose names I remember.

Mr. GIBSON. Well, do you remember those men?

Mr. DEUTSCH. Why, certainly.

Mr. GIBSON. Why did you not tell Mr. Scrivner that?

Mr. DEUTSCH. I was asked specific questions by Mr. Scrivner and I said I could not recall the specific names of those who had given me the information.

Is that right, Mr. Scrivner?

Mr. SCRIVNER. Yes. Have you recalled the names of those specific ones?

Mr. DEUTSCH. I am afraid not.

Mr. GIBSON. You say you are afraid not. Now, you do remember, do you not?

Mr. DEUTSCH. I do not.

Mr. McQUEEN. Mr. Chairman, I will put in the names of the Medical Advisory Committee in the record.

The CHAIRMAN. Yes.

(The names referred to are as follows:)

Special medical advisory group to the Administrator of Veterans' Affairs

Name	Address	Title and specialty
Dr. Irvin Abell.....	321 West Broadway, Louisville 2, Ky.....	Counselor in surgery.
Dr. Roy D. Adams.....	1150 Connecticut Ave. NW., Washington 6, D. C.	Secretary.
Dr. Alfred W. Adson.....	102 Second Ave. SW., Rochester, Minn. ..	Counselor in neurosurgery.
Dr. John Alexander.....	788 Arlington Boulevard, Route 5, Ann Arbor, Mich.	Counselor in thoracic surgery.
Dr. J. Burns Amberson.....	415 East 26th St., New York City 16, N. Y.	Counselor in tuberculosis.
Dr. George E. Bennett.....	4 East Madison St., Baltimore 2, Md.....	Counselor in orthopedic surgery.
Dr. W. Edward Chamberlain..	3401 North Broad St., Philadelphia 40, Pa.	Counselor in radiology.
Dr. John S. Coulter.....	122 South Michigan Ave., Chicago 2, Ill...	Counselor in physical medicine and rehabilitation.
Dr. Max Cutler.....	430 North Michigan Ave., Chicago 11, Ill.	Counselor in tumors.
Capt. Erik G. Hakansson....	Naval Medical Research Institute, National Naval Medical Center, Bethesda 14, Md.	Counselor in tropical medicine.
Dr. William F. Lorenz.....	Wisconsin Psychiatric Institute, Madison 6, Wis.	Counselor in psychiatry. .
Dr. Malcolm T. MacEachern..	40 East Erie St., Chicago 11, Ill.....	Counselor in hospital administration.
Dr. James S. McLester.....	930 South 20th St., Birmingham 5, Ala....	Counselor in nutrition.
Dr. Frederick W. Parsons....	10 Park Ave., New York 16, N. Y.....	Counselor in neuropsychiatry.
Dr. O. H. Perry Pepper.....	304 Maloney Bldg., 36th and Spruce Sts., Philadelphia 4, Pa.	Counselor in internal medicine.
Dr. George Morris Piersol...	2031 Locust St., Philadelphia 3, Pa.....	Chairman.

The CHAIRMAN. At this time the committee will go into executive session.

(Whereupon, at 4:10 p. m., the committee proceeded in executive session.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

WEDNESDAY, JUNE 6, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order.

On yesterday the witness, Albert Deutsch, admitted that he was a sponsor of an organization called the Writers Front to Win the War.

This is known to be a Communist-front organization, and has been cited as subversive by Attorney General Francis Biddle.

Members of this group picketed the White House during the Stalin-Hitler Pact, protested against appropriations for our Army and Navy, and fomented strikes in our defense industries.

Mr. Deutsch also admitted that he was one of the editorial council of an organization called Equality. This magazine is known to be a Communist-line publication.

Mr. Deutsch also stated that he was a sponsor for the American Russian Institute, which is also known as a Communist-front organization.

Mr. Deutsch also admitted that he signed a letter to the Governor of New York requesting the pardon of Morris U. Schappes, who is an admitted Communist, now serving a sentence in the penitentiary for perjury.

When I asked Mr. Deutsch if he did not contribute money to a publication called Social Work Day, which is also known to be a Communist organ, certain members objected to the question and would not let the witness answer it.

I just wanted to make this statement for the record.

Now, we agreed to hear this morning the representatives of the Veterans' Administration. I believe we agreed to take General Hines.

STATEMENT OF BRIG. GEN. FRANK T. HINES, ADMINISTRATOR OF VETERANS' AFFAIRS

The CHAIRMAN. Do you have your witnesses present, General Hines?

General HINES. Oh, yes, Mr. Chairman.

I would like to suggest to the committee if it is agreeable, that you take the witnesses in the order that I designate them in order that the

record may be complete and cover the entire subject, and then at the end of the witnesses for the Veterans' Administration I would like the opportunity to swear to the statement that I made at the opening session of the committee and to submit myself to cross-examination by members of the committee, if that is agreeable to you.

The CHAIRMAN. What does the committee say?

Mr. ENGLE. As a matter of information, Mr. Chairman, when are we going to hear the veterans' organizations?

The CHAIRMAN. Were you here yesterday afternoon when this was taken up?

Mr. ENGLE. No, I was not. I was just asking as a matter of information.

General HINES. The DAV have completed their report up to the present time and have furnished me a copy of it. I understand they are ready to testify at the pleasure of the committee.

I understand they have completed their survey of the hospitals and will submit them from time to time.

Mr. McQUEEN. May I say, Mr. Chairman, I think we scheduled the organizations to appear next week, all three of them, or at least a part of them, when we have finished up with this other matter.

I understand the DAV is ready, the Legion and the the rest, I think, have their copy on my desk.

Mrs. ROGERS. They could be called later, Mr. Chairman.

The CHAIRMAN. Yes.

General HINES. I could send my witnesses back to testify. And I expect to be cross-examined on my original statement and a further statement I wish to make.

The CHAIRMAN. Do you wish to put your statement in the record at this time?

General HINES. If counsel feels it is proper.

I will swear to it.

(Whereupon General Hines was duly sworn.)

The CHAIRMAN. All right. Your statement may go in the record at this point.

(The statement referred to follows:)

STATEMENT BEFORE HOUSE COMMITTEE ON WORLD WAR VETERANS' LEGISLATION BY
BRIG. GEN. FRANK T. HINES, ADMINISTRATOR OF VETERANS' AFFAIRS, MARCH
24, 1945

Mr. Chairman, I appreciate this opportunity to appear before the House Committee on World War Veterans' Legislation and I welcome your investigation of the many allegations recently published relative to the operation of the Veterans' Administration and particularly of charges directed at the hospital and medical services.

Within the Veterans' Administration itself, I have already launched an investigation designed to inform me whether or not there is any truth in the charges that have been made. This was done as soon as these charges were called to my attention and was prompted by a very real fear that, whether true or false, they would create anxiety and worry among those most directly affected—soldiers, sailors, veterans and families, and friends.

Because an investigation made by our own people might be opened to the suspicion that it would be ex parte or colored or controlled, I also invited to Washington the national commanders of the American Legion, the Disabled American Veterans, and the Veterans of Foreign Wars.

In conference I asked the cooperation of these organizations in developing a program to reveal the facts about the hospital, medical, and other services rendered veterans through the Veterans' Administration. A plan was agreed

upon and I received from these leaders a pledge that they will exhaust all their resources to gather the truth through their experienced officials in all of the States.

However, my efforts to secure all available data have extended beyond the three organizations I have named. Since meeting with them, letters have been sent to numerous other veterans' organizations and civic associations, requesting each of them to submit all factual information they possess or may be able to develop.

In each instance I emphasized that in an investigation of this sort, opinions are of little value. Because of this, I have requested that they supply me with specific facts, as it is upon facts that we must base any changes or corrections that appear justified.

Last December I announced the appointment of an advisory group selected from among the most eminent medical men in the Nation. The gentlemen serving on this group are acting as advisers to me in all matters pertaining to hospitalization and medical services for veterans.

There are now 16 outstanding physicians and specialists on this group. I have written each of these gentlemen requesting that he visit veterans' hospitals which are accessible to him and make a thorough investigation and report to me on the conditions as they find them.

In making this request, I urged that each of these doctors take as much time as possible to complete a comprehensive study.

I feel sure that in its survey of the Veterans' Administration, your committee will insist upon witnesses presenting factual information in support of charges. Opinions not only differ but are also often incapable of support and little progress may be made unless concrete proof is presented.

At this time I cannot furnish complete factual evidence in answer to all of the numerous lay opinions and allegations which have been directed at the Veterans' Administration in newspapers and magazines. I can, however, assure you from my personal knowledge of the treatment of patients in Veterans' Administration facilities that third-rate medicine is not practiced.

I can also assure you that the charges which have been leveled at us are, on the whole, either gross distortions of the facts or misrepresentations.

As our investigation progresses, this committee will be kept informed as to our findings. At the present moment the reports are still far from complete but I have already received sufficient information to prove that certain specific charges brought against us are without foundation in truth.

I trust the committee will grant me and my associates other opportunities to appear before it so that we may report the results of our determined effort to establish the entire truth concerning our services to and treatment of veterans.

At this time I would like to give you an outline of the organization and purposes of the Veterans' Administration together with an indication of the workload handled by the various services, and to suggest the tremendous increase in the volume of our work.

While this information does not go into great detail or show the many ramifications of our service, it will point out to some extent our present difficulties as well as our accomplishments.

ORGANIZATION

The organization of the Veterans' Administration is highly departmentalized. Policy-making officials and certain operational divisions are centered in the Washington office. But services to veterans are operated through regional offices, facilities, and field offices which have been established in the various States and Territories. Full responsibility for this organization is vested in me as Administrator.

There are three Assistant Administrators, each of whom is responsible for definite divisions of the work, an executive assistant to the Administrator, a Solicitor and Chairman, Board of Veterans' Appeals. These constitute the top policy-making body.

Maj. O. W. Clark is Assistant Administrator in Charge of Compensation, Pension, Vocational Rehabilitation and Education. In his office are: Claims for compensation or pension filed by living veterans of all wars and of the Regular Establishment in time of peace; the Dependents Claims Service, which handles claims for compensation or pension filed by dependents of those who have served in the armed forces; the Vocational Rehabilitation and Education Service, which handles all matters pertaining to vocational rehabilitation under Public Law 16,

Seventy-eighth Congress, and education or training under title II of the Service-men's Readjustment Act of 1944 (Public Law 346, 78th Cong.).

Each of these services is under a director who is responsible for all functions within his service both in the central office and in the field.

Mr. Harold W. Breining is Assistant Administrator in charge of Finance and Insurance. Under him, the Director of the Finance Service has charge of all matters relating to accounting for public moneys, for the personal funds of patients, the guaranty of loans to veterans under title III of Public, 346, Seventy-eighth Congress, and administration of readjustment allowances under title V of the same act.

The Director of the Insurance Service administers the provisions of the War Risk Insurance Act as amended, Government Life Insurance and National Service Life Insurance, and article IV of the Soldiers' and Sailors' Relief Act of 1940.

This includes all claims for insurance payments involving either death, permanent and total disability or waiver of premiums because of total disability.

Col. George E. Ijams is Assistant Administrator in Charge of Medical and Domiciliary Care, Construction and Supplies. Under him, the Director of Medical and Hospital Service is responsible for providing not only medical and hospital care, but also out-patient treatment and examinations for returning veterans who are entitled to such care or treatment. This includes the operation of all hospitals.

The Director of the National Homes Service is responsible for all matters relating to the domiciliary care of veterans and the operation of domiciliary homes.

The Director of the Construction Service is responsible for developing sites for new facilities and preparing plans, specifications and estimates covering construction, alterations and repairs of plants and equipment, maintenance of buildings, grounds, and mechanical equipment and the operation of utilities at all facilities.

The Director of the Supply Service is responsible for the procurement, maintenance and distribution of all supplies and equipment. He is accountable for Government property and property accounts, contracts (except construction contracts), leases and agreements, and traffic management.

The executive assistant to the Administrator, A. D. Hiller, responsible for the work of the Investigation Division; the Office of Budget and Statistics; Office of Personnel; Office of the Chief Clerk, including records and auxiliary administrative services; the Regulations and Procedure Division; the Contact Division; and the Press Relations Section.

The Investigation Division conducts audits, investigations, and inspections, as ordered by the Administrator. He compiles and coordinates reports on investigations and maintains contact with the United States Secret Service.

The Budget Officer and Chief of Statistics prepares budget estimates and maintains control of statistics and liaison on budget matters with the Appropriations Committees of Congress and Bureau of the Budget. He makes surveys of related functions in field stations and maintains records for annual reports to Congress or other necessary reports, and prepares recommendations concerning legislation involving the expenditure of funds.

The Director of Personnel is responsible for all personnel activities and maintains liaison with the Civil Service Commission and other Government agencies on personnel matters.

The Chief Clerk is responsible for records, mails and files, the procurement and distribution of printed matter and custodian of property and equipment.

The Chief of the Regulations and Procedure Division is responsible for editing, compiling, and coordinating regulations and other issues of the Veterans' Administration. He maintains contact with the Federal Register and National Archives, making studies of policies, methods, and procedures pertaining to organization and territorial assignments.

The Chief, Contact Division, is responsible for furnishing information and assistance to veterans and their beneficiaries or representatives pertaining to benefits provided by laws administered by the Veterans' Administration. He assists them in the presentation of their claims before rating agencies of the Veterans' Administration and maintains liaison with service and welfare organizations and otherwise assists veterans in all ways compatible with the law.

The Director, Press Relations Section, prepares statements to inform the public concerning the operation of the Veterans' Administration and assists representatives of the newspapers and periodicals in securing information regarding

these activities. It also maintains contact with representatives of radio and picture services.

The Solicitor, E. E. Odom, is responsible for drafting opinions on legislation relating to the Veterans' Administration and submits to the Attorney General claims for damages; recognition, suspension, disbarment of attorneys and agents practicing before the Veterans' Administration. He cooperates with the Department of Justice in civil and criminal investigations involving the Veterans' Administration or its officials in their official capacity.

In his office there is a legislative counsel who has general supervision of matters pertaining to legislation and Executive orders affecting the Veterans' Administration. It is his duty to maintain a history of all bills and enactments in the compilation of Federal laws pertaining to veterans. The guardianship service is responsible for general supervision and directs all guardianship affairs including litigation in State courts, foreign countries, and insular or territorial possessions.

The Chairman, Board of Appeals, R. L. Jarnagin, is responsible for determinations and decisions on all laws and motions in appellate status.

FIELD ORGANIZATION

Offices and facilities of the Veterans' Administration are located throughout the United States, in Puerto Rico, Hawaii, and Alaska. There are 94 facilities for the hospitalization of veterans. These are divided into three types—51 are general medical and surgical, 30 are neuropsychiatric, and 13 are tuberculous. Specialized clinics and diagnostic centers are operated in connection with many of the larger facilities. Ten of the facilities are also especially prepared for the domiciliary care of veterans, and one is devoted entirely to domiciliary purposes.

Nine area offices are now operating. The records of all persons now being discharged from the armed forces because of disability are sent to these offices and initial awards of compensation or pension are made there.

For administrative purposes the United States is divided into 53 regions, in each of which there is a regional office or a facility having regional-office activities. These offices render medical out-patient treatment, and they make physical examinations for pension, compensation, and insurance purposes. Claims for disability and death compensation or pension are adjudicated in them. They also handle the vocational rehabilitation and training of disabled veterans under Public Law 16 and the education or training of other veterans under Public Law 346. They maintain a guardianship service; issue loan guarantees on homes, farms, and businesses, and private information and assistance to veterans in all matters within the jurisdiction of the Veterans' Administration.

Branch offices and contact units operating under regional offices also extend services to veterans. There are at present 89 branch offices and 159 contact units which have been authorized. In addition to these, contact representatives have been assigned to Army and Navy separation centers and to Army and Navy hospitals where service personnel may be discharged because of disabilities. There are in all, 370 field stations of the Veterans' Administration which have been established or authorized to render services to veterans. This does not include the representatives at Army or Navy installations. A break-down of these field stations shows them to be classified as follows:

Regional offices.....	16
General medical facilities.....	51
Neuropsychiatric facilities.....	30
Tuberculosis facilities.....	13
Facility with domiciliary care only.....	1
Area offices.....	9
Insular offices.....	2
Branch offices.....	89
Contact units.....	159
Total.....	370

NOTE.—37 of the general medical, tuberculosis, and neuropsychiatric facilities have regional office activities; 10 of the above have domiciliary activities.

PERSONNEL

In view of an increasing work load we have opened new offices and are constantly adding to the number of hospital beds available to veterans. But we have been unable to secure the necessary personnel to keep pace with the increasing work load.

We first began to feel the pressure of World War II in February 1943. Since that time our work load has increased about 300 percent but we have been able to add only 14 percent to our personnel.

One of the best over-all measures of work volume is the mail handled. In Washington, D. C., only we are now receiving approximately 1,500,000 pieces of mail each month. This is a far cry from January 1942, when we received about 526,000 pieces, and the year before, 1941, when we received less than 700,000 pieces of mail during January.

As a further indication of the increase in work, let me give you a few comparisons I recently had compiled.

At the end of February 1943 we had only 32,435 World War II disability claims filed. By last February 28 we had 693,146 such claims filed.

By February 1943 we had only 14,000 death claims filed on account of service in the present war. By last February we had 144,980 such claims filed.

By February 1943 we had only 18,588 National Service Life death claims filed. By February 28, 1945, we had 259,557 such claims filed.

As of February 1943 we had adjudicated 23,985 disability and death claims of all types concerned with World War II. At the end of February this year we had adjudicated 734,580 such claims.

It should be kept in mind also that at the end of February 2 years ago we had no non-service-connected hospitalization for veterans of the present war: no vocational rehabilitation to teach the disabled new ways of earning their living; and no GI bill of rights with its partial guaranty of home, farm, and business loans, educational benefits and readjustment allowances as the unemployment benefits are called.

These activities, as you are aware, have been superimposed upon the many which were already in existence, and as I have just indicated, some of these latter have now been enlarged a great many times.

I think all of us realize that Veterans' Administration expansion is still in its initial stages, and that by far the greater part of it is yet to come, considering only the administration of laws now on the books.

On January 31, 1945, we had authorized 68,149 positions in the Veterans' Administration. Of these, 52,810 were in the field, 7,896 in the central office in Washington, and 7,443 in the New York branch of the central office.

At that time we had on duty a total of 54,088 employees, of which 41,794 were in the field offices, 6,395 in central office in Washington, and 5,899 in the New York branch of central office—a shortage of 14,061 in spite of a constantly increasing work load. However, this shortage has been somewhat alleviated through help we secured from the armed services. We had actually on duty in the field medical and hospital service 4,315 enlisted men serving as hospital attendants and approximately 1,500 commissioned officers who are physicians and surgeons. All of these except some 500 are our own militarized personnel.

In the medical and hospital service we had authorized 1,871 full-time doctors, 5,062 nurses, 702 technicians, and 15,814 attendants.

On this same date, January 31, 1945, we had on duty 4,213 nurses, so that we were short approximately 841 nurses, and this shortage is daily becoming more acute as the work load increases.

Our authorized number of attendants is now 15,814. We have on duty 12,181 exclusive of the military personnel that has been loaned us. In this emergency the Army has agreed to let us have a maximum of 8,000 military personnel to meet our attendant needs. These men, of course, are not trained hospital attendants and, therefore, require more supervision than would be necessary if we could secure qualified personnel. This in turn emphasizes the urgency of our need for nurses.

Our shortages other than doctors, nurses, attendants, and technicians are growing. We now have 29,361 authorized positions in all other categories, including clerical and stenographic. Some 5,000 of these positions are currently vacant and need to be filled.

In the central office at Washington we have 1,500 positions which are now vacant.

In New York we had 1,544 positions which we were unable to fill. And as the work load is increasing daily, this shortage becomes an increasing handicap to the Administration in its effort to keep up with its work load.

In anticipation of the increased need for workers we began the recruitment of workers through our field offices more than a year ago. As this did not result in the procurement of the necessary personnel, we have more recently organized and are now conducting a Nation-wide campaign to secure the personnel needed to fill vacancies both in the field and in the central office.

HOSPITALS AND CONSTRUCTION

On March 8, 1945, the Veterans' Administration was operating 94 hospitals, with 76,248 beds; in addition, there were 11 having domiciliary facilities, providing 14,885 beds. Of these, 13 hospitals were for the care of tubercular veterans. These had 6,544 beds, of which 5,684 were occupied.

There were 30 neuropsychiatric hospitals, having 42,707 beds, with 39,937 patients receiving treatment.

In 51 general medical and surgical hospitals there were 26,997 beds, of which 21,916 were occupied.

Of the patients in the tuberculosis hospitals 2,497 were World War II veterans; 9,293 World War II veterans were in neuropsychiatric hospitals and 6,202 in general medical and surgical division.

So that on March 8, out of a total of 91,133 hospital and domiciliary beds available in our facilities, 77,142 were occupied, and of these, 18,345 patients were from World War II. In addition, some 4,346 veterans were being cared for in hospitals not operated by the Veterans' Administration.

It is expected that the percentage of World War II cases in our hospitals will steadily increase from now on as battle casualties are just beginning to be released from the Army and Navy hospitals, and the number of discharged veterans needing hospitalization is, of course, increasing.

In anticipation of this increased load, we have planned a building program which is expected to keep abreast of the demands made on us. Between now and July 1 of this year, we will complete and have ready for occupancy some 8,250 additional beds, and between the 1st of July and December 31, 1945, construction will be completed on 4,600 more. Other projects which are already included in our program but will not be completed until after January 1, 1946, will provide approximately 6,400 more beds before July 1, 1946. Our construction program for the fiscal year 1946 has already been submitted and is awaiting final action by Congress.

This program contemplates building 14,100 beds and construction under this program is expected to be completed not later than January 1, 1947.

While it is compulsory that we wait for the appropriation contained in the 1946 independent offices bill before undertaking any of these projects, considerable progress has been made in the acquisition of sites for 18 new hospitals included in that program.

In addition to the programs I have just outlined, we expect in the very near future to acquire approximately 3,500 beds in facilities which we have obtained by transfer from the Army.

When our present program and that authorized for 1946 have been completed we will have increased the number of Veterans' Administration facilities from 94 to 120, and will have available 127,000 beds in our own facilities which will provide a wider distribution of hospitals and make hospitalization more easily accessible to veterans throughout the country.

The extension of our hospital service which will be required for the care of World War II veterans is being continuously studied by the Veterans' Administration and the Federal Board of Hospitalization, and I expect to appear before Congress in the near future and request a material expansion of our construction program.

COMPENSATION AND PENSIONS

At the end of February 1945 disability claims had been filed by 693,146 World War II veterans. Of these 66,476 are still pending and 626,670 have been adjudicated. Of those adjudicated 422,088 were allowed and 204,582 disallowed.

In March of 1944 the Veterans' Administration established area offices which have since that time relieved both regional offices and the central office of much of the work of adjudicating disability claims. Since that time these offices have

received 225,228 claims and have allowed 187,848 of these and disallowed 34,469, an average of 84½ percent allowed. These are all claims of veterans who have been discharged from the armed services on account of disability and have filed claims at the time of their discharge. The claims of veterans who are discharged into Veterans' Administration facilities for further treatment are not adjudicated by the area offices. During this same period the regional offices allowed 148,081 claims and disallowed 75,262, an average of 66.3 percent allowed. These claims are mostly from veterans who did not file claims at the time of their discharge or who were not discharged because of disability.

On February 28, 1945, there were 403,525 veterans of World War II being paid pensions because of service-connected wartime disabilities. This is a greater number of pensions of this type than were paid to veterans of World War I for similar purposes at any time in the 23 years from 1918 to 1941, as the maximum number of World War I service-connected beneficiaries was 349,724. In addition to these, 317 World War II veterans are now being paid pensions because of permanent and total disability not the result of service and 4,574 are receiving pensions for disabilities incurred in previous peacetime service. The average pension paid veterans of World War II during February was \$31.93 a month.

Claims for death pension on account of a person who served in World War II have been received at an average rate of 10,000 a month for the past 6 months. At the end of February 1945 a total of 144,980 such claims for death pension had been received. Pensions had been approved and payments ordered in 78,518 of these cases and 29,392 claims were disallowed, the greater majority of these because the dependency of parents was not demonstrated. There are still 37,070 claims for death pension that are pending; that is, action is being withheld on them awaiting evidence in proof of relationship or dependency which it is necessary to obtain from the claimant before a pension can be allowed.

The number of these claims filed is not an indication of the number of veterans involved as more than one person may file dependency claim because of the service of a single veteran.

Every effort is made to adjudicate all claims as rapidly as they are received and in the great majority of cases, a prompt decision is reached if the evidence submitted is complete. Every effort is, of course, continuously made to keep these claims current.

EDUCATION AND REHABILITATION

The vocational rehabilitation of disabled veterans is authorized under Public Law No. 16, Seventy-eighth Congress. To be eligible for rehabilitation under this act a veteran must have a pensionable disability which constitutes a vocational handicap and be in need of rehabilitation to overcome such handicap. He must have been in service after September 16, 1940, and have been discharged under conditions other than dishonorable.

In cooperation with the War and Navy Departments the Veterans' Administration has adopted a procedure which assures that all disabled veterans are informed of their right to file a claim for pension and to be assisted in filing such claim. Each pension claim when it is reviewed is also checked to see if the veteran is entitled to rehabilitation under Public Law 16. If he is found to be entitled, he is immediately notified of this fact. Already 257,910 disabled veterans have been notified that they are eligible for vocational training. Of those only 56,202 have made application for rehabilitation and up to February 28, 1945, only 11,937 had actually entered training. Of these 8,673 are attending institutions of learning and 3,264 are being trained on the job. As of this same date there were 363 veterans who had been rehabilitated and attained the employment objective for which training was given; 1,788 cases in which training had been interrupted; and 977 cases where training had been discontinued. This compares with 858 World War I veterans who were receiving rehabilitation on January 31, 1944.

Special advisory and guidance groups have been established to assist and direct disabled veterans in selecting courses of training which are best suited to their abilities, inclinations, and handicaps. These advisory groups are operating in 53 regional offices of the Veterans' Administration, and contractual agreements have been made with 63 educational institutions for them to operate such guidance centers. Contracts for similar centers are now pending with 34 other educational institutions, and 180 others have been contacted as a preliminary to making such contracts.

The advisement of veterans who are being rehabilitated under Public Law 16 is a legal requirement. It is not required in the case of veterans who are undertaking education under Public Law 346, Seventy-eighth Congress, but the services

of these advisement centers have been made available to these veterans. Under this latter law any veteran who has been in active service after September 16, 1940, and prior to the termination of the war, who has seen 90 days of service and has been discharged or released under conditions other than dishonorable, is entitled to at least 1 year of education or training. Under some conditions they are entitled to additional training or education up to a maximum of 4 years.

Under the law the Veterans' Administration is not permitted to exercise any curbs on the veteran in the selection of his training so long as it is in an approved institution. Upon application, the veteran is issued a certificate of eligibility which he presents to the educational or training institution of his choice. If he is acceptable to the institution, the Veterans' Administration pays both the institution and the veteran at rates established by law. While not required to seek advice or counsel, these veterans are encouraged by the Veterans' Administration to accept advice and guidance before entering training in order that they may secure the maximum benefit from this legislation. While the Administration is not permitted and has no desire to interfere with or alter either directly or indirectly the educational system as in operation, it has been the practice to report to the proper State agency whenever it is found that training institutions are following policies which adversely affect the training of veterans.

Already 52,682 veterans have applied for education or training under Public Law 346. Of these 48,555 have had their eligibility determined and the veterans have been notified, and 46,569 of these have been found eligible for training and authorized to start their education. As of January 31, 1945, 17583 had actually entered their training courses.

To assist me in solving problems connected with vocational rehabilitation and education, I have appointed a special committee of educators. On this committee there are two college presidents, the financial heads of two colleges, the presidents of two junior colleges, and a vocational school director.

INSURANCE

By the act of October 8, 1940, national service life insurance was inaugurated. Between that date and March 20, 1945, 17,093,500 applications had been received representing \$131,149,409,500. By comparison during World War I there was filed 4,529,889 insurance applications representing \$39,606,743,000. Thus the load on the national service life insurance has so far been considerably over 3 times that experienced in the First World War.

In this connection it is thought that it also might be of interest to state that the total amount of life insurance in effect on the books of the several hundred commercial insurers within the United States aggregates only something in excess of \$140,000,000,000.

The average amount per insured life under national service life insurance is \$9,180 which is several times that under commercial insurance. There has been received 259,557 death claims and 99,310 claims for waiver of premiums under national service life insurance; 239,265 death claims have been awarded representing insurance totaling \$1,474,438,272.

In addition, 63,883 waiver of premium claims have been allowed. There are now pending 21,826 death claims and 25,151 waiver of premium claims. However, the connotation "pending" does not mean that the Veterans' Administration has not taken any action in connection with these claims but rather that they are claims which have been filed but not completed, great numbers of them being in the category of awaiting evidence from the beneficiary.

Some conception of the work that has been accomplished may be gained from the fact that over 50,000 more death claims have been awarded under national service life insurance than have been awarded under war risk insurance from 1917 to date.

In all frankness I cannot say to you that insurance claims are settled with the promptitude I desire but this has been occasioned by the great difficulties we have experienced in the obtaining and training of the necessary personnel. The situation is most acute in the higher executive classes where it has been impossible to supplement the force which was on duty prior to the emergency, so it has been necessary for the same small group of executives, who previously administered the life insurance carried over from World War I, to assume the additional burdens of this tremendously expanded insurance program which is many times larger than any other life insurance activity that has ever existed. Given the personnel necessary to carry the load I am sure that the work could be brought to a degree of currency within a reasonable time so that it could be handled with the dispatch we all desire.

Almost 3 years ago it was recognized that personnel and space were not available in Washington so that to cope with the situation arrangements were made to have the great bulk of the national service life insurance work performed in New York City. This location was chosen because it offered the best opportunities for space, manpower, and proximity to the central office. While at first the manpower and space situation in New York was satisfactory, in the last year or so there has been a tightening of both these elements, with the result that it has been most difficult to obtain persons with the background and training needed efficiently to perform the work.

In appraising what has been accomplished under the National Service Life Insurance program you may find it worthy of consideration that while the burden of work has been over three times that of World War I the maximum number of employees engaged on such work has been less than 50 percent more than the number of employees on insurance work during World War I.

Summarizing, I think it fair to say that while insurance claims are not handled as quickly as I am sure you and I desire, they are being handled orderly and not chaotically, and any delay is largely attributable to inadequate personnel. I do not believe anyone will disagree with me when I say that these claims should be handled with the utmost dispatch and that every effort should be made to provide the facilities for making awards and mailing checks promptly.

READJUSTMENT ALLOWANCES

The Readjustment Allowance program under title V of the Servicemen's Readjustment Act of 1944 has resulted in payments being made up to March 3, 1945, to an aggregate amount of \$9,621,802. Twenty-eight thousand eight hundred and ninety-two veterans being on the pay rolls for the week ending March 3, 1945, and receiving for that week \$652,964. Readjustment allowances are paid through the several State employment-compensation agencies except in Puerto Rico where it was necessary that the Veterans' Administration set up its own system and organization.

I believe that mechanically the readjustment allowance program is functioning satisfactorily although I am giving constant study to the question of whether the numbers on the rolls are in balance with the presently existing manpower situation.

LOAN GUARANTIES

Under the loan-guaranty operations authorized by title III of the Servicemen's Readjustment Act of 1944, 1,406 loans have been guaranteed, representing \$2,416,743 and guaranties have been rejected on 304 applications. There have been 11,843 certificates of eligibility issued. There are comparatively few loan-guaranty applications pending action in the Veterans' Administration so that it would appear that numbers of veterans have applied for certificates of eligibility but have not as yet completed the loan transaction to the point of submitting the loan to the Veterans' Administration for a guaranty.

In making this statement I have attempted to present an over-all picture of our operation and of some of the problems confronting us, as well as to suggest what we are doing and plan to do to meet these problems.

I have not attempted to make specific answers to any accusations, as it has been my experience that answers of this kind are more clearly developed in reply to direct questioning, and I imagine you will prefer to develop the answers in this manner.

I again want to thank you for this opportunity to appear before you and to assure you that I and all of my associates will be happy to assist you in every way possible in developing the true facts about conditions in the Veterans' Administration.

I and the members of my staff will all be ready at your convenience to discuss with you specifically and in detail the several separate phases of our work, and to present such facts as you may desire to answer any and all adverse criticism which may come to the attention of your committee.

The CHAIRMAN. Now, who do you desire?

General HINES. Mr. Chairman, we have two witnesses here—Dr. Baird, who is the Assistant Medical Director and has charge of all neuropsychiatric hospitals, and Dr. Wolford, who is assistant medical director and has charge of all of the tuberculosis hospitals.

Mr. McQUEEN. Mr. Chairman, I believe Dr. Baird was the only one who was assailed, and we could have him first.

General HINES. He is here.

Mr. McQUEEN. He is here and ready.

Colonel, will you be sworn?

(Colonel Baird was duly sworn.)

**STATEMENT OF COL. JOHN H. BAIRD, ASSISTANT MEDICAL
DIRECTOR, VETERANS' ADMINISTRATION**

The CHAIRMAN. Speak loud enough, please, so we can all hear you.

Mr. McQUEEN. Colonel, will you state your full name for the record?

Colonel BAIRD. John H. Baird.

Mr. McQUEEN. And in what capacity are you now serving?

Colonel BAIRD. Assistant Medical Director in charge of the Neuro-psychiatric Division of the Medical Service.

Mr. McQUEEN. What school or schools are you a graduate of?

Colonel BAIRD. I have bachelor of letters degree from Kenyon in Gambier, Ohio, and doctor of medicine from Johns Hopkins University in Baltimore, Md.

Mr. SCRIVNER. What year?

Colonel BAIRD. 1917.

Mr. McQUEEN. Doctor, what societies or medical organizations do you belong to?

Colonel BAIRD. Well, I am a fellow of the American Psychiatric Association; a fellow of the American College of Physicians; member of the Association of Military Surgeons; and a diplomate of the American Board of Psychiatry and Neurology.

I think that is all.

Mr. McQUEEN. What length of service have you had with the Veterans' Administration?

Colonel BAIRD. Well, immediately after the last war I was consultant in neurology for the United States Public Health Service, which was the organization which at that time had charge of the medical activities for veterans.

I was then in private practice in Richmond, Va.

In 1921 I entered the full-time service of the Government, which was then the United States Public Health Service, later Veterans' Bureau, and in the Veterans' Bureau and in the Veterans' Administration I have been continuously on duty full time since then.

That is 24 years.

Mr. McQUEEN. Are there any other questions in regard to the doctor's qualifications?

The CHAIRMAN. Doctor, you say you were in private practice after the last war.

Colonel BAIRD. Yes.

The CHAIRMAN. You were not in private practice before the last war?

Colonel BAIRD. No, sir; I was not, sir. I did not graduate until 1917.

The CHAIRMAN. I see.

Colonel BAIRD. And I interned at the Johns Hopkins Hospital and then immediately went into the Army.

The CHAIRMAN. After the war was over you went into private practice?

Colonel BAIRD. Into private practice.

The CHAIRMAN. That is all.

Mr. McQUEEN. What was the year he was graduated from Kenyon?

Colonel BAIRD. 1913.

Mr. RAMEY. When Dr. Pierce was president?

Colonel BAIRD. Yes.

The CHAIRMAN. Graduate of what, Mr. Ramey?

Mr. RAMEY. Kenyon College, Gambier, Ohio, 1913.

Mr. SCRIVNER. You said you were a member of the College of Physicians.

What was your first statement?

Colonel BAIRD. Fellow of the American Psychiatric Association.

Mr. SCRIVNER. You are not a member of the American Medical Association?

Colonel BAIRD. I am not now. I was at one time.

Mr. McQUEEN. Is that all, Mr. Scrivner?

Mr. SCRIVNER. Yes.

Mr. McQUEEN. Now, Doctor, do you have a statement prepared that you can give the committee in regard to the activities of the NP hospitals set up within the Veterans' Administration, that you can give us now?

Colonel BAIRD. No; I have no written statement, but I think I might outline something of the activities.

Mr. McQUEEN. All right. I wish you would then outline from your position in the Veterans' Administration the set-up under which all neuropsychiatric hospitals operate, in detail, and then the committee will want to ask you some questions.

Colonel BAIRD. Yes.

Mr. McQUEEN. Go right ahead.

Colonel BAIRD. Well, the Medical Service of the Veterans' Administration has three principal hospital divisions in it, the neuropsychiatric, the tuberculosis, and the general medical and surgical.

It so happens I have charge of the neuropsychiatric.

Now that division embraces the supervision of some 33 neuropsychiatric hospitals.

I say 33 because that includes the large hospital at Los Angeles for mental cases, largely psychiatric.

The office where I am on duty has to do with the standardization of psychiatric procedure and treatment for neuropsychiatric patients in the Veterans' Administration.

In my office there are three other physicians at the present moment.

At more or less regular intervals trips are made to the field by representatives of my office to make thorough investigations, rather, surveys, of the activities of those different hospitals.

These hospitals are located throughout the country. I guess you know where most of them are.

The CHAIRMAN. You might put them in the record at this point, if you will.

Mr. McQUEEN. State it for the record where they are.

The CHAIRMAN. You can insert it in the record without taking your time to state where they are.

You are talking now about the neuropsychiatric hospitals?

Colonel BAIRD. Yes. *

The CHAIRMAN. Have your statement go in the record showing where they are, where they are located, the names of them.

Colonel BAIRD. Shall I just hand him this list?

The CHAIRMAN. It will be all right.

(The list referred to follows:)

Admissions of United States veterans to Veterans' Administration neuropsychiatric facilities, fiscal year 1944

Veterans' Administration NP facilities	Capacity, as of May 3, 1945	Total admissions ¹	World War II admissions
Total.....	46,213	23,016	14,949
American Lake, Wash.....	825	341	214
Augusta, Ga.....	1,417	751	428
Bedford, Mass.....	² 1,881	584	442
Canandaigua, N. Y.....	1,435	378	293
Chillicothe, Ohio.....	1,866	1,050	859
Coatesville, Pa.....	1,871	547	412
Danville, Ill.....	2,298	1,039	689
Downey, Ill.....	² 2,050	589	255
Fort Custer, Mich.....	1,879	1,081	786
Fort Lyon, Colo.....	1,026	308	273
Fort Meade.....	720		
Gulfport, Miss.....	980	610	386
Knoxville, Iowa.....	1,940	629	409
Lexington, Ky.....	668	434	266
Los Angeles.....	1,004		
Lyons, N. J.....	1,879	930	671
Marion, Ind.....	² 2,015	652	433
Mendota, Wis.....	276	88	75
Murfreesboro, Tenn.....	³ 1,007	622	422
Northampton, Mass.....	1,006	445	382
North Little Rock, Ark.....	³ 1,625	1,090	853
Northport, Long Island, N. Y.....	2,806	1,302	1,063
Palo Alto, Calif.....	² 1,417	662	505
Perry Point, Md.....	² 1,822	866	536
Roanoke, Va.....	³ 1,662	1,109	761
Roseburg, Oreg.....	² 659	338	212
St. Cloud, Minn.....	1,570	432	361
Sheridan, Wyo.....	713	288	165
Togus, Maine.....	1,108	1,551	524
Tuscaloosa, Ala.....	791	940	486
Tuskegee, Ala.....	³ 1,934	2,587	1,388
Waco, Tex.....	³ 1,722	773	400
Wadsworth, Kans.....	2,065		

¹ Fiscal year 1944, 65 percent admissions to NP hospitals were World War II.

² Women units.

³ Colored units.

Source: Budget and Statistics, Apr. 7, 1945.

Beds for neuropsychiatric and tuberculosis patients ¹

Name of station	Number of beds		Name of station	Number of beds	
	Set up	In use		Set up	In use
American Lake, Wash.....	42	9	Northampton, Mass.....	36	
Augusta, Ga.....	57		North Little Rock, Ark.....	28	
Chillicothe, Ohio.....	29		Palo Alto, Calif.....	50	
Canandaigua, N. Y.....	26		Perry Point, Md.....	44	
Danville, Ill.....	24		St. Cloud, Minn.....	27	
Downey, Ill.....	152	46	Sheridan, Wyo.....	13	
Fort Custer, Mich.....	23		Tuscaloosa, Ala.....	22	
Fort Lyon, Colo.....	25		Tuskegee, Ala.....	58	16
Knoxville, Iowa.....	24		Waco, Tex.....	(²)	(²)
Lyons, N. J.....	139	47			

¹ In the larger units showing only a relatively small number of beds occupied, it is understood that the remainder of this space is being utilized for other types of cases. Where the actual number of patients is not indicated, the bed occupancy was near enough the actual capacity to indicate that the entire unit is available for neuropsychiatric-tuberculosis cases.

² No beds provided (13 beds set up in one section; 6 beds in another section, and 1 private room in use for tuberculosis-neuropsychiatric patients).

The CHAIRMAN. How many patients in these hospitals, Doctor?

Colonel BAIRD. Well, there are close to 40,000—I think around 48,000 now.

Six thousand or more—the numbers change so from day to day—are World War II veterans.

I might say, also, at these hospitals there are out-patient departments which we are now strengthening to the best of our ability by assignment of psychiatrists, psychologists, or social workers trained in the newer methods, and I might say offhand they are very hard to obtain, but we are getting them as fast as we can and so increasing our facilities for the treatment of the psychoneurotic veterans.

Mr. McQUEEN. Now, Doctor, give the committee a definition of a neuropsychiatric, what it means, and divide it into the divisions which you use in the Veterans' Administration.

Colonel BAIRD. Well, now, the term "neuropsychiatric" is an all-inclusive term that is applied to any case showing nervous or mental symptoms.

Now, roughly, we might divide that large group into two parts.

First, the neuropsychiatric group, and, second, the psychotic group.

The neuropsychiatric is an individual who apparently has an insoluble mental conflict that he expresses unconsciously through various symptoms.

Of course, we are surrounded by those symptoms every day.

Like being upset because one has to testify, for example, which might cause one of the symptoms that simulate a psychoneurosis.

A mother overanxious about a child, or a father about financial matters, or a girl that is jilted in love—she has certain symptoms that make her actually sick.

Well, of course, when the stimulus that causes these symptoms is removed, then the symptoms are usually gone, in a normal person.

The psychoneurotic is one in whom these symptoms persist more or less indefinitely after the original stimulus has been removed.

We have many of those, of course, to deal with.

I would think, from the press, one would think every man who is discharged from the service as a psychoneurotic is a very bad case and requires immediate care by the Veterans' Administration.

That is far from the truth. It is not the fact. A relatively small percentage I should say of that psychoneurotic group need therapy of any appreciable length of time.

Our plan is to hospitalize this psychoneurotic if he is disabled.

Some of the overseas cases will need hospitalization.

A small number will need out-patient care, either with our clinic or some private clinic.

And I expect you will want to ask some questions about that after while.

Now, the psychotic group require hospitalization until they reach the point where they can handle themselves in society.

The CHAIRMAN. Mr. McQueen, would you mind letting the members of the committee ask questions and then you come in later? Is that all right?

Mr. McQUEEN. It is all right.

The CHAIRMAN. All right. Well, then, the members of the committee.

Mrs. Rogers?

Mr. SCRIVNER. I think he has something more he wants to say.

The CHAIRMAN. He said to ask questions.

Mr. ENGLE. I want to know more about this psychotic type.

Colonel BAIRD. That is right. I failed to add that.

One who is suffering from psychosis is one who has distorted reality, and to the point of making himself unable to get along in society.

A psychoneurotic gets along after a fashion, but the psychotic has what one psychologist—I think it was Blawler in Europe—termed it schizophrenic, from the Greek “schizo” meaning to split, the splitting of the mind, in which the individual is emotionally ill. He does have the normal appreciation of emotional feelings.

For example, in lots of the cases of psychosis, dementia praecox, the patient will not receive the news of a death in the family with any more emotion than he would that he cannot have a cigarette today or there are no points for dinner.

In other words, there is a leveling of the emotional functions, general attitude, lack of interest, lack of self-respect, and, later on, if the patient is not treated, and sometimes if he is, mental and intellectual deterioration.

There are various grades and gradations of those psychoses, and there are various causes.

But one might say that the psychosis is an all-pervading thing that involves the entire personality to the point of putting this person out of circulation, whereas, the psychoneurosis does not.

Have I made myself clear?

Mr. McQUEEN. May I ask a question there of the doctor?

The CHAIRMAN. Yes.

Mr. McQUEEN. Is it not generally understood by the public in general, at least the reading public, when we speak of a neuropsychiatric case that they think of that in terms of insane people?

Is that not generally true?

Colonel BAIRD. Yes; they do; and that is a very regrettable thing.

Mr. McQUEEN. Go ahead, Doctor.

Colonel BAIRD. Well, unfortunately, the term “psychoneurosis” has been used by certain people to mean insanity, and it does not at all.

Only a relatively small proportion of those patients, discharged veterans, or men discharged from the Army who are psychotic or insane. Most of them are not.

Mr. McQUEEN. Now, Doctor, using the figures that have been commonly seen in the press of 300,000 to 350,000 men being discharged from the Army under the classification of an NP case, what percentage of those cases are insane men, in your opinion?

Colonel BAIRD. Well, I believe it is about 10 percent. I think about 10 percent of those who have been discharged have been given diagnosis of psychosis of some sort.

Mr. McQUEEN. That is 10 percent of the 300,000, using that figure?

Colonel BAIRD. Yes.

Mr. McQUEEN. And these men—do you think that they should all be—that class should be hospitalized and it will be necessary to hospitalize all of these men?

Colonel BAIRD. No; I do not.

Mr. McQUEEN. Well, what percentage of those men, of that 10 percent, should be hospitalized then, or normally would be hospitalized?

Colonel BAIRD. I am afraid I do not know. I do not believe I can answer that question. I am not much of a statistician. I think perhaps we can get that information for you from the incidence of the last war.

I know this, that so many of those who are discharged from the Army with a diagnosis of psychosis and admitted to one of our hospitals, do not need treatment.

In other words, they have presumably had what might be called a situational psychosis, brought on by Army training, and what not. When they reach our hospitals they have practically recovered.

Now, whether they will break down again later on in life is something we cannot say.

McQUEEN. Well, what—

Colonel BAIRD. Maybe this will answer your question:

What we expect—I am not speaking authoritatively—in our hospitals from now on out for treatment of mental patients there will be the normal number of men and women that would break down in civil life.

In other words, considering the fact that we have in round numbers 15,000,000 people in this Army and in the armed forces this time, we will expect just a certain percentage of those to require hospitalization.

I think that was true the last time.

Mr. McQUEEN. Is there any condition brought on by the fact that he has served in the Army?

Colonel BAIRD. I hardly think so, except maybe the coloring of the psychosis. The symptomology is different than it would have been if he had not served in the Army.

Mr. McQUEEN. And perhaps the attack was brought on more—at an earlier time—but it is generally recognized I think by most authorities that war does not produce psychosis, whereas, it does definitely produce psychoneurotics, but that class of psychoneurotics do not need hospitalization?

Colonel BAIRD. That is right.

Mr. McQUEEN. Or treatment.

Colonel BAIRD. They need treatment, some of them do, but not as many as one would be led to believe.

Mr. McQUEEN. Now, you spoke a while ago about out-patient treatment. What is your program at this time and what is the proposed program on out-patient treatment?

Colonel BAIRD. Well, we have had out-patient departments in our various regional offices and hospital facilities for years, but because of the war we have been so depleted of personnel, professional personnel, and our work, psychiatric work, incident to the examination of patients for pension compensation and insurance has been such, that it has been rather difficult to carry on any very elaborate and satisfactory out-patient mental hygiene work.

Now, that is hardly a fair criticism—I know what has been said about it—of the Veterans' Administration. The facilities for this sort of thing on the outside are none too good, in fact, they are very inadequate.

I attended a meeting, if I may say so?

Mr. McQUEEN. Yes; go ahead.

Colonel BAIRD. I attended a meeting last year, I think in December, of the Association for Research in Mental Disease.

At that meeting practically all the talk was what are we going to do with the psychoneurotic, and our facilities are so inadequate, we are doing almost nothing; and that is in civilian institutions.

And then at a conference held in Hershey, Pa., in February for 3 days they talked about nothing else than what shall we do with the psychoneurotic.

I mention those two things to show it is a problem that is confronting the profession in the country, and hardly anyone knows the answer to it, because there are so few psychiatrists, only about 4,000; so says the medical director of the National Committee for Mental Hygiene, that they have less than 4,000 in the whole Nation to look after veterans and civilians alike.

Mrs. ROGERS. May I ask where they are located?

Colonel BAIRD. I think now there are 139 mental hygiene clinics in the whole country, and we have recently made a survey which made it possible for our regional managers to get in touch with all of these clinics, and only a relatively few are really operating full time. They are short of personnel just as we are.

Mr. McQUEEN. Where are they located, Doctor, generally speaking?

Colonel BAIRD. Generally in the cities.

Mrs. ROGERS. What cities?

Colonel BAIRD. Well, of course, mostly in New York and Boston, Philadelphia, Chicago, St. Louis, Baltimore.

There are one or two in Washington.

The CHAIRMAN. Doctor, do you attach any significance to the fact that the States that have the most psychiatrists have the largest percentage of their population in insane asylums?

Colonel BAIRD. I do not believe I can—

The CHAIRMAN. That is the record.

Colonel BAIRD. That is the record.

Mrs. ROGERS. Do all States have insane asylums, so-called?

Colonel BAIRD. I believe—I am not sure but I suspect they do.

Mrs. ROGERS. At one time they did not.

Colonel BAIRD. Perhaps some of the Western States do not; I do not know.

The CHAIRMAN. You spoke awhile ago of dementia praecox cases. Now, dementia praecox is a progressive mental disease; is it not?

Colonel BAIRD. Yes.

The CHAIRMAN. Virtually incurable?

Colonel BAIRD. Well, we do not like to say it is incurable.

The CHAIRMAN. That is a fact; is it not?

Colonel BAIRD. Perhaps.

The CHAIRMAN. The patient gradually worsens until he dies?

Colonel BAIRD. Well, that is mostly the case.

The CHAIRMAN. Now, what percent of these neuropsychiatric cases that you refer to that come out of the Army would you say are dementia praecox cases?

Colonel BAIRD. That come to us for hospitalization?

The CHAIRMAN. Yes.

Colonel BAIRD. Well, it is a question of terminology. In these situational cases it might not be situational, it may be early cases of dementia praecox, no one knows, and no one can know, if they are early cases of dementia praecox. Then the incidence is rather high.

If they are only cases brought on by the Army situation, like a prison psychosis, get out of prison and your psychosis is over with. Then the incidence is not nearly so high.

The CHAIRMAN. You would call that a dementia praecox case?

Colonel BAIRD. You mean this situational—

The CHAIRMAN. Where it is temporary where a man is mentally unbalanced from being in a prison.

Colonel BAIRD. No, sir.

The CHAIRMAN. You would not call that a dementia praecox case?

Colonel BAIRD. No; I would not.

The CHAIRMAN. I am not a doctor and am not a son of a doctor but I understand a dementia praecox case gradually grows worse as long as the patient lives.

Colonel BAIRD. Generally that is the case.

The CHAIRMAN. I would like to know what percentage of the cases that come out of the Army, and especially that come into the veterans' hospitals, are dementia praecox cases.

Colonel BAIRD. I would have to follow through on the budget department and I could not give that offhand.

The CHAIRMAN. You could not give an estimate?

Colonel BAIRD. No.

The CHAIRMAN. Well, those people as a rule when they get in a veterans' hospital are there permanently; are they not?

Colonel BAIRD. Yes; off and on. They go home, stay maybe 30, 60, 90 days, a year or more, and then many of them come back because they are unable to make a go of it on the outside.

The CHAIRMAN. I did not mean to interrupt.

Mrs. ROGERS. Medicine is not an exact science, is it?

Colonel BAIRD. Oh, no.

Mrs. ROGERS. And there have been mistakes in diagnosis?

Colonel BAIRD. Oh, indeed; yes, indeed.

I think if you would have one case here today and I think if four psychiatrists examined him and you then called each one off aside, each one would have a different conception, it is so individualized.

Mrs. ROGERS. So it is possible to have a mistaken diagnosis.

Colonel BAIRD. Oh, indeed.

Mrs. ROGERS. I think it is very vital to the veterans in their work on the outside.

Mistakes are made.

Colonel BAIRD. Indeed they are.

The CHAIRMAN. Of course the medical profession is known as a place where they make mistakes. I think I can say without successful contradiction that lawyers sometimes make mistakes.

Mr. AUCHINCLOSS. I agree with you, Mr. Chairman, but ours live.

Mrs. ROGERS. Many of these men and women are working gainfully now, and I hate to have any veteran branded dementia praecox without establishing he actually has it, because it hurts him in life.

Colonel BAIRD. Most of them when they get home are all right.

The CHAIRMAN. You do not tell the patient he is suffering from dementia praecox?

Colonel BAIRD. No, indeed.

Mrs. ROGERS. It is on his record.

The CHAIRMAN. But it is not publicized. I have so many of these from all over the country, and I get some secret records on these people, and they ask me not to give them out. I, of course, try to keep the confidence of these physicians.

Mr. Kearney?

Mr. KEARNEY. You say there are about 4,000 psychiatrists in the country?

Colonel BAIRD. That is my understanding.

Mr. KEARNEY. How many in the Veterans' Administration?

Colonel BAIRD. Well, we have about 400 in the neuropsychiatric hospitals and I suspect—well, over a hundred distributed among the other hospitals, and I do not know how many regional offices there are. I should know but I do not.

Mr. KEARNEY. Were there any psychiatrists sent to the Veterans' Administration from the Army?

Colonel BAIRD. A few. They do not send any if they know it.

Mr. KEARNEY. In other words, they send them if they want to send them?

Colonel BAIRD. That is right. We got some of our own who were not abroad back in December last. I think some 40. They were trained—well-trained psychiatrists.

Mr. KEARNEY. Most of these cases, are they caused from battle fatigue and shell shock?

Colonel BAIRD. A good many of them are but we have not received so many of those as yet into our hospitals.

Mr. KEARNEY. I understood you to say there are about 48,000 now in the hospitals.

Colonel BAIRD. Yes.

Mr. KEARNEY. About 6,000 of those are World War II?

Colonel BAIRD. Yes.

Mr. KEARNEY. Based upon that figure, with an Army of 8,000,000, how many do you think will return to the hospitals as NP cases after the war is over?

Colonel BAIRD. Well, I think the number that will return as NP cases will depend on a lot of things.

In the first place, as I said before, I think we will get for treatment in our hospitals patients who have psychoses in proportion to the population.

Mr. KEARNEY. What percentage do you figure that will be?

Colonel BAIRD. What is it, one to a thousand, two to a thousand?

I think it might be a little higher than in the general population because of the age of the veterans. Most of them are in their early twenties, thirties, and we know that dementia praecox, which is the mental condition that comprises the vast majority of admissions to State institutions, is more prevalent in young people.

Mr. KEARNEY. Well, that was true during World War I, was it not?

Colonel BAIRD. That is right. So we might expect the incidence to be higher than in civil life.

And then of course there will be many of these severe psychoneurotics that have come from the battle zones that do not get better that will filter into the hospitals.

Mr. KEARNEY. Those are what you call the disturbed cases?

Colonel BAIRD. No; those would be the severe psychoneurotics.

And then the nervous and mental condition incident to war zones, head wounds, epileptics.

Mr. KEARNEY. Are they all classed as mental cases?

Colonel BAIRD. They are all classed as neuropsychiatric, in that broad term.

Mr. McQUEEN. Commonly known as an NP case.

Colonel BAIRD. NP; yes.

Mr. KEARNEY. When I say mental, that is the term universally used by laymen.

Colonel BAIRD. Yes, but it should not be used with the term neuropsychiatric, because we classify all the tabetic patients in neuropsychiatric, tabes dorsalis, locomotor ataxia.

Mr. KEARNEY. Well, that comes from something else.

Colonel BAIRD. Yes.

Mr. KEARNEY. Do you have many of those?

Colonel BAIRD. We do not have many tabetics.

The CHAIRMAN. Did you ask him what percentage of these mental cases are sufficiently cured to leave the hospital?

Mr. KEARNEY. No.

The CHAIRMAN. Can you answer that, doctor?

Colonel BAIRD. Let me see—I have some statistics here that might be of interest. Well, in 19—fiscal year of 1944 here is a chart showing the results of treatment of those veterans discharged from the neuropsychiatric facilities, the one we are talking about now. A total of 20,129 were discharged.

The CHAIRMAN. Out of how many?

Colonel BAIRD. I would have to refer to some other statistics to get the admission rate.

Now, of that number hospitalization was completed in 14,589. In other words, in 72.5 percent hospitalization was completed. The others were discharged before hospitalization was completed.

Now, the majority of those being World War II cases discharged against medical advice. They are sent to our hospitals by the Army, and in many instances their family is waiting on the doorstep to take them home, not giving us a chance to examine them at all, give them any treatment.

The Veterans' Administration has no recourse, nothing else to do but let them go.

The CHAIRMAN. You have no way of holding them?

Colonel BAIRD. Well, you could have them committed, but you only do that when they are dangerous to be at large.

The CHAIRMAN. You would have to go through a court to do that.

Mr. KEARNEY. There are only certain States, Mr. Chairman, where they can be committed. There are only certain States that have those laws.

The CHAIRMAN. In my State they commit them.

General HINES. For your information, Mr. Chairman, every State commits them.

Colonel BAIRD. Someone said we do not discharge cases, we let them go unimproved.

The CHAIRMAN. Who said that?

Colonel BAIRD. Maisel, I think it was.

Well, at any rate I have figures here to show that of this 20,000 over 10,000 were improved, and over 5,000 discharged against medical advice, and most of those were men who had—did not need much treatment. So you might consider them as being improved.

So that would boost the figure up to almost 75 percent of those discharged during the year as improved.

But unless we know exactly what a man is suffering from, we hesitate to say whether he is improved or not, officially.

The CHAIRMAN. Mr. Carnahan.

Mr. KEARNEY. I have one more.

The CHAIRMAN. Oh, I beg your pardon.

Mr. KEARNEY. I do not know whether we are getting afield or not here, Mr. Chairman, but I would like to ask the doctor this question:

There has been some charge here that the Veterans' Administration are not up to date on methods of handling, medically handling, the NP cases.

I would like to have the doctor tell me if in his opinion the methods used now in the Veterans' Administration are up to date and the last word in medical treatment.

Colonel BAIRD. I think they are, sir. I think there is only one defect, and that is universal throughout the country. That is the dearth of mental hygiene clinics.

They do not have them in the communities to speak of, and we do not have them. We cannot get the personnel.

Mr. KEARNEY. Well, you have heard, for instance, if you attend these hearings, about these cases of veterans strapped to their beds.

If I am not mistaken I think the claim was made by one of the witnesses here that that was certainly an outmoded method. Is that so?

Colonel BAIRD. Yes and no. It is if it is carried to the extreme and without supervision and medical control, but under medical control seclusion, camisoles, restraining sheets, wristlets, are quite necessary, and are adjuncts to treatment, and are in the best interest of the patient.

Take for example the picture in the Cosmopolitan you saw of this fellow strapped. Well, yes, we have patients that look just like that.

That looked rather horrible in the magazine. But a man who is homicidal and very disturbed sometimes has inflicted considerable damage to personnel and to other patients.

You could keep him under drugs continuously, you could lock him in a room and keep him there indefinitely, but we feel that is not a humane way to treat those men.

So in cases of that kind, a very few, we feel that it is better to have them have the freedom of the ward so that they may exercise, and get on the porches, and even get out on the lawns. They can eat their meals with these contraptions on, they can smoke cigarettes, they can read books and play checkers, and yet they cannot take a swing at another patient or a doctor or an attendant or a nurse. It is utterly impossible while he has that on.

The CHAIRMAN. What about injury to himself?

Colonel BAIRD. Without injury at all to himself. And it is taken off every few hours. Taken off permanently when in the opinion of the doctor it can be taken off.

And anyone who says first-rate hospitals—and I don't think Mr. Maisel mentioned any that are first rate—do not use this sort of thing, he is all wet, because they do.

Mr. KEARNEY. Can you name any hospitals that do use them?

Colonel BAIRD. Well, I talked to the superintendent of St. Elizabeths the other day and he said, "Yes, we use canisoles and wristlets; we use seclusion quite a good deal."

The CHAIRMAN. One witness stated he saw a man who had these wristlets on to keep him from doing physical injury to himself, he would scratch his eyes out.

Colonel BAIRD. Yes; and they pull their hair out.

The CHAIRMAN. I believe Mr. Kearney was the one who said that.

Mr. KEARNEY. I talked to a volunteer woman and she knew about one of these cases that was talked about in the Cosmopolitan, and she said it was a kindness to put these wristlets on because he would scratch his eyes out.

The CHAIRMAN. I just wonder if there are many of these cases where wristlets have to be applied, who are prone to commit suicide or physically injure themselves.

Colonel BAIRD. Very small, Mr. Rankin.

The CHAIRMAN. But there are some cases.

Colonel BAIRD. There are some cases. The only hospital I can recall is Little Rock, Ark., and we had there 250 to 300 patients and there were not but about 4 patients that we used those wristlets on.

One of them was a known murderer, and they helped a lot, it calmed him down, took a lot of the tendencies out of him.

Mr. McQUEEN. Dr. Baird, you prepared a statement in answer to the charges made by Mr. Maisel in that particular article, did you not?

Colonel BAIRD. Yes, sir.

Mr. McQUEEN. Does the committee desire to hear that prepared statement that was written by the doctor at this time?

Mr. AUCHINCLOSS. May I ask a question before we get into that, Mr. Chairman?

The CHAIRMAN. Yes.

Mr. AUCHINCLOSS. Doctor, I think you said at the start of your testimony that you are having a very hard time getting trained social workers.

Colonel BAIRD. Yes, that is true.

Mr. AUCHINCLOSS. Is it due to low pay or is it due to the fact that they just are not there?

Colonel BAIRD. I suspect that the higher pay would probably attract some that we might be able to get, but they just are not obtainable, as I understand it from our social service in central office.

Mr. AUCHINCLOSS. Would you prefer to double the service now or treble it?

Colonel BAIRD. Oh, yes; yes. We have, I think, about 80 vacancies, 80 or 90 vacancies right now.

Mr. AUCHINCLOSS. Yes.

Colonel BAIRD. And then in our over-all planning for the out-patient clinics there are many more vacancies that will be immediately created by setting up these additional positions.

Mr. AUCHINCLOSS. You are ready to recognize the fact that you are very much understaffed and behind in your service because of your inability to get these workers?

Colonel BAIRD. Correct.

Mr. AUCHINCLOSS. There is another question I would like to ask. Are you satisfied with the standard of the doctors that come under your immediate supervision or control?

Colonel BAIRD. Not entirely, no.

Mr. AUCHINCLOSS. Have you any suggestion as to how that standard might be raised?

Colonel BAIRD. Well, I think that has been expressed in the proposed medical service bill that I think is now before the committee.

Mr. AUCHINCLOSS. Creating a so-called surgeon general of the Veterans' Administration?

Colonel BAIRD. Yes, sir.

Mr. AUCHINCLOSS. And getting away from civil service?

Colonel BAIRD. Yes, sir.

Mr. AUCHINCLOSS. You feel that the civil-service requirement today is a handicap?

Colonel BAIRD. Definitely.

Mr. AUCHINCLOSS. Would you care to enlarge on that?

Colonel BAIRD. Well, the civil-service requirement is too broad; it is not high enough, I do not think. I am not as familiar with the— with it, as I might be, except this: I think they would like us to take men who are not graduates of grade A medical schools, from the few little conferences that I have attended and from what I hear.

That of course we do not want to do.

The Army does not do it, I do not think, or the Navy.

I think we should be able to compete with every other Federal medical service.

Mr. AUCHINCLOSS. You feel that you are getting the backwash?

Colonel BAIRD. Not entirely. I think there are some during wartime. It is not easy to pick and choose.

I think the Army has probably got some unsatisfactory doctors too. I am thinking now of peacetime when we settle down.

The CHAIRMAN. Mr. Auchincloss, I wonder if it would be satisfactory to let him read his statement and then cross-examine him.

Mr. SCRIVNER. You have not gotten down to me yet. We will get so remote on these other things.

The CHAIRMAN. I would like to hear his statement in reply. On yesterday morning you insisted.

Mr. McQUEEN. Well, this has raised some questions that I think ought to be brought out.

The CHAIRMAN. You had this fellow Deutsch read a statement that was published several weeks ago.

Mr. SCRIVNER. Do not misunderstand me, I did not say I did not want to hear that statement, but that will be going afield from some of the information now.

The CHAIRMAN. I think he has the information in his statement that you would probably ask him.

Mr. SCRIVNER. He probably has.

The CHAIRMAN. Go ahead.

Mr. AUCHINCLOSS. I think my question has been answered. I do not have any more.

The CHAIRMAN. Mr. Stigler?

Mr. STIGLER. Doctor, you may have answered this question before I came in, and if so, I am sorry, but I would like to know what are the Veterans' Administration psychiatric requirements; I mean in the employment of psychiatrists.

Do you require them, in other words, to be graduates of grade A colleges?

Colonel BAIRD. Yes.

Mr. STIGLER. College degrees?

Colonel BAIRD. College degrees?

Mr. STIGLER. Yes.

Colonel BAIRD. No. Medical college degrees; yes.

Mr. STIGLER. Yes.

Colonel BAIRD. But not an academic.

Mr. STIGLER. What is your base pay for your psychiatrists?

Colonel BAIRD. Well, I think we are taking quite a number now in P and S, grade 4. That is \$3,800 a year, plus overtime.

Mr. STIGLER. That is a starter salary?

Colonel BAIRD. Yes.

Mr. STIGLER. At this time there are psychiatrists in every veterans' facility?

Colonel BAIRD. There is at least one in every facility.

Mr. STIGLER. Do you recall now who it is at Muskogee, Okla., facility?

Colonel BAIRD. I do not. I am sorry.

Mr. STIGLER. I live 45 miles from there and I am very much interested.

Colonel BAIRD. Yes.

Mr. STIGLER. That is all, Mr. Chairman.

The CHAIRMAN. Mr. Cunningham?

Mr. CUNNINGHAM. No questions.

The CHAIRMAN. Mr. Carnahan?

Mr. CARNAHAN. Doctor, the term we use, "insanity," does that mean anything to say that someone is insane?

Colonel BAIRD. I think "insanity" is a legal term and "psychosis" is a medical term. There are many people who have a psychosis who would not be regarded as insane in the legal sense.

The psychiatrist at Oklahoma is Dr. Parker.

Mr. STIGLER. Dr. Parker.

Colonel BAIRD. Dr. Parker.

Mr. CARNAHAN. And in your treatment of cases that need treatment in the hospitals what particular treatment do you offer for use?

Colonel BAIRD. In the neuropsychiatric hospital?

Mr. CARNAHAN. Yes.

Colonel BAIRD. Well, that is a comprehensive thing.

Mr. CARNAHAN. Well, the Veterans' Administration has been accused of not using the later methods of treatment and not keeping up with the profession.

Colonel BAIRD. We use all the later treatments.

Mr. CARNAHAN. Do you use the shock treatment?

Colonel BAIRD. Oh, yes. Every one of the hospitals. In every one of the hospitals we use the electric-shock treatments, the electric shock, the insulin shock, and fever therapy, especially in general cases, paretics.

The treatment program is a very elaborate affair.

In the first place, a neuropsychiatric hospital is a control institution where the doctors and nurses and technicians and the aids in different departments like occupational therapy and physical therapy, the laboratories and educational aids and physical directors, all work together in the interest of the patient, and we divide the treatment into two parts, you might say, group therapy.

They are treated in groups, and in that therapy which embraces the correction of any physical defect, the electric shock therapy, the giving of insulin therapy, psychotherapy, the giving of interviews by the physician on the ward, he takes the patient into his office and discusses his difficulties with him.

I do not think that you will find any therapy that has been accepted by the profession that is not employed in our hospitals.

Mr. CARNAHAN. Is there a cold treatment reducing the temperature of the patient? Is there such a treatment as that?

Colonel BAIRD. A what?

Mr. CARNAHAN. I do not know the name of it. I am not a doctor. A treatment where you would reduce the temperature of the patient below the normal.

Colonel BAIRD. I think there were some experiments carried on some years ago with that but it is not generally accepted, so far as I know, as a therapeutic agency of any particular value, but in general paresis which is due to syphilis we inoculate the patient with malaria, which you know is a disease itself, on the theory that there is something in the malaria that is antagonistic to the germ causing syphilis.

In addition to that it increases their temperature up to 105° or 106°, and that also is therapeutic.

And then the diathermy is given also for the same purpose. But there is a difference of opinion on that.

Some feel that the malaria is better than the diathermy.

The diathermy is more easily controlled than the malaria.

Mr. CARNAHAN. I would just like to ask this:

Is there such a thing as a rate scale by which we might judge the efficiency of a hospital?

I hear a hospital referred to as first class or third class, and I am just wondering if there is any basis for a statement of that sort.

Colonel BAIRD. None that I know of except sensationalism.

Mr. CARNAHAN. If you express an opinion as to the efficiency of a hospital it is merely an opinion, there is really no objective rating scale by which we might say this hospital is first class or second class or third class?

Colonel BAIRD. I think a medical man, a trained physician, might be able—should be able to say whether the treatment at a given hospital is up to standard, by making an exhaustive study of the methods used; and, incidently, our hospitals are surveyed, as you probably know, at regular intervals by the American College of Surgeons.

Mr. CARNAHAN. Are rated, do you say?

Colonel BAIRD. Yes. Surveyed and rated, passed and certified by the American College of Surgeons.

The CHAIRMAN. What rating is given?

Colonel BAIRD. I do not know what it is called but they are rated as standard hospitals.

Mr. CARNAHAN. Well, is there a rating scale worked out to say whether it is first class?

Colonel BAIRD. I do not know whether the American Medical Association have such a scheme or not. They may have.

The CHAIRMAN. But they do rate them as standard?

Colonel BAIRD. Yes. Each unit.

The CHAIRMAN. And you say the veterans' hospitals are all rated as standard?

Colonel BAIRD. All of them, by the American College of Surgeons.

The CHAIRMAN. Mr. SCRIVNER.

Mr. SCRIVNER. Colonel, so we can get the picture a little clearer, at least in my own mind, and being from the plains of Kansas there are a lot of things I do not understand. You are rated as Assistant Medical Director in charge of the NP Division.

Colonel BAIRD. That is right.

Mr. SCRIVNER. Now, who is directly over you?

Colonel BAIRD. The Medical Director, Dr. Griffith.

Mr. SCRIVNER. Now, is there somebody over him?

Colonel BAIRD. Yes; the Assistant Administrator.

Mr. SCRIVNER. What Assistant Administrator?

Colonel BAIRD. Colonel Ijams.

Mr. SCRIVNER. And what section of the Administration does he have control of?

Mr. BAIRD. Colonel Ijams has control over the Medical Service and the construction and supply and the domiciliary care.

Mr. SCRIVNER. Is Colonel Ijams a doctor himself?

Colonel BAIRD. No, sir.

Mr. SCRIVNER. How long have you been the Assistant Medical Director in charge of NP?

Colonel BAIRD. A year ago in September.

Mr. SCRIVNER. Well, in that time has Colonel Ijams at any time ever tried to tell you what sort of treatment should be given in hospitals or what you should tell the doctors under you to do?

Colonel BAIRD. Oh, no.

Mr. SCRIVNER. In other words, you have encountered no interference in your work as a medical man of any layman connected with the Administration?

Colonel BAIRD. No.

Mr. SCRIVNER. I was interested—there have been several statements made directly and indirectly, as I interpret them, of criticism of the members of the medical staff of the Veterans' Administration from not being members of the American Medical Association. Your statement was that you had been, but that you are not now a member. Is there any particular reason for that?

Colonel BAIRD. Well, as I understand it, it is necessary for one to be a member of the local county society and the State society in order to become a member of the American Medical Association.

Mr. SCRIVNER. In many cases your doctors may be assigned and possibly may be on a temporary basis?

Colonel BAIRD. That's right.

Mr. SCRIVNER. What I was trying to get at was, was it due to a lack of desire on the part of the doctors under you, or lack of adequate opportunity.

Colonel BAIRD. Lack of adequate opportunity.

Mr. SCRIVNER. Is that true in your own case?

Colonel BAIRD. Yes. I should like to belong to the American Medical Association, and perhaps I will one of these days by joining—I happen to live in Virginia at the moment—rejoining the State Society of Virginia, which I was a member of at one time, and then becoming a member of the American Medical Association, but we all feel that that should not be necessary.

Mr. SCRIVNER. Well, now, why should it not be necessary? I am just curious of the background. I do not belong to them either.

Colonel BAIRD. Well, for this reason, that courtesy is given to the Army physicians, the Public Health Service, and the Navy without having to join local societies.

I think I am correct in that statement.

Mr. SCRIVNER. But it is not extended to the members of the Veterans' Administration?

Colonel BAIRD. That is correct.

Mr. SCRIVNER. Now, in this position as Assistant Medical Director, having just occupied it a year, I do not suppose you have had an opportunity to visit all of the 33 NP hospitals.

Colonel BAIRD. No; I have not.

Mr. SCRIVNER. Prior to your taking this position do you know whether that was done or not by the director in charge of the NP Division?

Colonel BAIRD. I think my predecessor visited most of the hospitals. I think there was one section that he did not see. I am not sure.

Mr. SCRIVNER. Was that a regular visit at stated intervals?

Colonel BAIRD. Before the war it was more or less a regular scheduled affair, either by him or one of his assistants.

Mr. SCRIVNER. Now, who are these men, then, that you send out on these, as you describe them, more or less regular interval trips of survey?

Colonel BAIRD. They are psychiatrists who are on duty as medical supervisors. They are called that. And they at periodic intervals visit groups of hospitals in certain sections of the country like the New England group and the southern group and the Midwest and the West.

Mr. SCRIVNER. And then they come back and make reports to you?

Colonel BAIRD. They send in reports from the field.

Immediately after surveying a hospital the report is prepared and forwarded to the Medical Director.

Mr. SCRIVNER. Do they ever find anything wrong in any of these hospitals?

Colonel BAIRD. Oh, now and then little things that they criticize.

Many of the matters that they might feel should be corrected are corrected on the spot without even bothering to put into the report.

Others that involve perhaps change in policy are written up in the report and submitted to the central office.

Mr. SCRIVNER. I was interested in another statement. One statement as I got it was that nearly every one of these cases of neuro-psychosis are individual cases.

In other words, there is no standard at all, each veteran comes in before a board as an individual case.

Colonel BAIRD. Yes.

Mr. SCRIVNER. Well now, that being true, how do you go about the standardization of diagnosis and treatment?

Colonel BAIRD. Well, Mr. Scrivner, there are certain generally accepted therapeutic measures that are adaptable to most any patient who has gotten out of step with his environment, who is out of line with life, so to speak.

And those are such things as recreation, which is therapy.

Mr. SCRIVNER. No, therapy is another word for treatment. Is that not right?

Colonel BAIRD. Yes. Treatment. Good clean beds to sleep in, pleasant surroundings, good food well served, regular hours, contacts with the outside in recreation like the auxiliaries of the different ex-service organizations, the Gray Ladies, the American Red Cross, bringing a little touch of the outside world to the hospitals.

And then games of various kinds to suit the groups, more or less sedentary games for the sedentary group, more or less active games for the active group, and games more or less competitive in character for the continued treatment group and those that have privileges of the reservation; and those are all planned and woven into a scheme of group therapy that is carried out at all of our NP hospitals, which is for the common good of all.

Mr. SCRIVNER. What about your diagnosis?

Colonel BAIRD. Now, in diagnosis the patient is admitted, is put on the admission service, the receiving ward, where he is assigned to a physician who will examine him and who will conduct all the special examinations that he thinks are indicated.

Mr. SCRIVNER. That is, indicated by that particular individual?

Colonel BAIRD. By that particular individual.

Mr. SCRIVNER. The thing that struck me, you said a standardized diagnosis. I did not want the impression left in my mind, at least, that each man who comes in is given the same routine.

Colonel BAIRD. Oh, no, indeed.

Mr. SCRIVNER. So these examinations are tempered to the individual?

Colonel BAIRD. Oh, yes, indeed; and they are contributed in by every member of the staff, who has a chance to express his viewpoint at the time of the staff meeting.

I present a case and say this man is a case of dementia praecox. Well, the staff might not think so at all, and they would probably point out to me wherein I have erred in my diagnosis.

So every patient in our NP hospitals has the benefit of not only the one doctor who examines him, of course he knows more about him than anybody else, but every doctor on the staff, who has a chance to see him and question him and read the records.

Mr. SCRIVNER. Now, there was a statement made in one of the articles—

The CHAIRMAN. Mr. Scrivner, before you leave that point, would you mind asking the doctor about the radio provided for these men?

Is there a radio provided for them?

Colonel BAIRD. Oh, yes.

The CHAIRMAN. Are they all required to sit in and listen to broadcasts, or do they have individual receiving sets?

Colonel BAIRD. Well, in most of the hospitals—I do not know how it is arranged now—I believe they have individual radio sets in most of them.

Mr. SCRIVNER. In some wards they cannot have.

Colonel BAIRD. In some, but it is not possible for they probably would destroy them. But I rather like the individual sets, because then if one does not want to listen he can go out in another room.

Mr. SCRIVNER. I was reading one of the articles and in the statement when it was broken down into figures it proved to be more or less true, that in a certain ward in one of the hospitals the patient load was so great that the doctor in charge could not give more than 5 minutes a week to each patient.

I have visited some of the hospitals and I have observed there what seemed to be in many of the cases—I mean in actual medical treatment—they were past the stage where they needed any great amount of medical treatment.

Now, that 5 minutes a week, would that exist in the receiving ward, for instance?

Colonel BAIRD. Oh, no, indeed.

Mr. SCRIVNER. Now, what happens in the receiving ward? What does the doctor do?

Colonel BAIRD. Well, the patient is there possibly 10 days to 3 weeks before the examinations can be completed and he can be transferred to the medical staff for treatment.

The doctor to whom the case is assigned sees that patient every day for a little while.

The first 2 or 3 days he probably spends several hours with him.

He dictates his history and his physical examination and neurological examination, the psychiatric examination.

In the meantime a social-service report has been obtained, perhaps several consultations have taken place.

Mr. SCRIVNER. What is the nature of this social-service report?

Colonel BAIRD. The social-service report is designed to reveal a longitudinal study of the man.

Mr. SCRIVNER. What is a longitudinal study?

Colonel BAIRD. I mean a story, biography.

Mr. SCRIVNER. In other words, the background of his previous life?

Colonel BAIRD. That is right. In other words, from the time he is born until he gets to the hospital.

That sort of history is necessary in order to make an accurate diagnosis and evaluation of the person you are dealing with, see what sort of upbringing he has had, how much education, what his family history has been, what his strivings were as a child, and at what point in his life his personality began to change, and what were the causes, what influence did his military service have on his life, and a host of other things, his marital relationships, his industrial adaptation, his social leanings.

That is one of the chief functions of the Social Service Department, to get that information.

That is sometimes gotten through the mail and sometimes through interviewing members of the family who come to the hospital.

Mr. SCRIVNER. In that work you work with the other social agencies in a man's own community?

Colonel BAIRD. Oh, yes.

Mr. SCRIVNER. The Red Cross and all of the other social agencies?

Colonel BAIRD. Oh, yes.

Mr. SCRIVNER. So, by using those agencies that means you can sometimes hold down the personnel of the Veterans' Administration and get the same information?

Colonel BAIRD. Yes.

Mr. SCRIVNER. Now, then, after the first few days of these rather lengthy interviews and studies, then what happens?

Colonel BAIRD. Then the case is summarized by the doctor who examines the patient and the case is presented before the medical staff. The summary is presented. The summary contains all the essential data in the examination report. A tentative diagnosis is offered by the examining physician. The clinical director directs the staff meeting. He questions the veteran after the case has been read. It is not read in front of the patient.

Mr. SCRIVNER. That is right.

Colonel BAIRD. Then the different doctors are given an opportunity to question the patient. The patient may stay in there 10 minutes or half an hour, sometimes longer. Sometimes the diagnosis is so evident when he walks in the door that it is not necessary for him to stay but just a moment or two. And then after the staff meeting is over the case is thoroughly discussed by the members of the staff and a diagnosis is reached by a majority vote. Ordinarily there is not much dissension. Sometimes there is considerable dissension. A diagnosis is made and the report is prepared. The patient is sent back to the receiving ward, where he stays only long enough to get his things together and for him to be transferred to a ward suitable for his care. And he is sent to a ward, a section of the hospital, that is best suited to his type of behavior and for his diagnosis.

If he can be allowed privileges, he is sent to the parole ward. We call it privileged ward now. We do not like that word "parole" so much because it makes you think of prison.

And if he needs intensive occupational therapy for a month or two, he is sent to one of the closed wards that is called the continued treatment ward.

If he is very manifestly disturbed, hyperactive, he is sent to an acute service.

If he is a highly ill person, he goes to the infirmary service.

And then thereafter he is in charge of the doctor in charge of the service to which he is sent.

Mr. SCRIVNER. Do you discuss this one charge in your prepared statement about 5 minutes per patient?

Colonel BAIRD. No; I did not discuss that, because that had nothing to do—

Mr. SCRIVNER. Of course, that alarmed many people and it is a disturbing statement.

Colonel BAIRD. But it is a very ridiculous statement.

Mr. SCRIVNER. That is why I thought it ought to be cleared up.

Colonel BAIRD. If you had ever been a patient in a civilian hospital and the doctor saw you first and made an examination and questioned you and treated you, he did not stay very long with you when he came in to see you the next couple of weeks.

Ordinarily he just comes to the door and says how are you doing and good-by, because he is too busy.

He is not seeing you because it is not necessary to see you.

The majority of patients do not require very much attention by the doctor himself, but they require a lot of attention by auxiliary personnel.

Now, the person who made that allegation ignored the fact completely that there are other individuals in a hospital who treat patients besides doctors. Even down to the ward attendants they have a lot to do with the care of the patients. And the nurses spend more time perhaps than the doctors do.

Mr. SCRIVNER. But many of those cases are not required to have continued attention. I just have two more questions and then I will be through.

In some of these cases that have been disturbed, from World War II, I have had personal experience with three of them now already, would it be your opinion that the Army is discharging some of these men from Army hospitals before they should be released?

Colonel BAIRD. To us, you mean?

Mr. SCRIVNER. Yes.

Colonel BAIRD. Some of them, perhaps. But the Army, as I understand it, has no provision for the continued care of psychotic patients.

Mr. SCRIVNER. That is the reason they are released from the military service and into the Veterans' Administration custody?

Colonel BAIRD. That is right.

Mr. SCRIVNER. Now, as to the matter of day rooms, there have been statements made about treatment given some of these patients who go out in the day room; they are not permitted to stay in their sleeping ward but they are out in these day rooms and they will be sleeping on the floor.

Colonel BAIRD. Yes.

Mr. SCRIVNER. Now, first, why are they not kept in the same room where their beds or bunks are during the day? And what is the reason why you will find them many times reclining on the floor rather than in the chair?

Colonel BAIRD. Well, in the first place, it is not thought desirable for ward patients who have no physical disease to loiter around the beds during the daytime. We want them to be active and kept busy doing something.

And so, therefore, we do not permit them to spend their time in the dormitories.

Mr. SCRIVNER. Is there also the element of the danger of fire?

Colonel BAIRD. Yes; there would be, if they are smoking. It is rather messy. But no patient who is physically ill is ever denied the privilege of lying down in his bed. If he is physically ill he is examined by his doctor and sent to the infirmary.

Now, why they are lying on the floor is more or less universal with psychotic patients; they like to lie on the floor.

You go around and tell them to get up on a bench, and the minute your back is turned they get down on the floor again.

Mr. SCRIVNER. In other words, that is just one of the symptoms of the condition from which they are suffering?

Colonel BAIRD. That is right. Some of them will crawl under a bench in the corner and face the wall.

That is simply a symptom of their psychosis.

Mr. SCRIVNER. That is all.

Mr. McQUEEN. There is a question here, Mr. Chairman, that I would like to clear up.

Mr. Scrivner asked you about reporting on inspections and doctors reporting to you on the condition of hospitals and so forth.

Now, is there any reason at any time or is it a policy of the Bureau that any doctor in any hospital or any clinical chief cannot report any irregularities or anything that he desires to change in a hospital?

Can he report that and ask for advice on it?

Colonel BAIRD. Oh, surely. Surely he may. Yes, indeed.

Mr. McQUEEN. Is there any reason why that information cannot be gotten from the doctor who is in attendance at this hospital through the proper channels to you at any time?

Colonel BAIRD. Oh, not at all; and we welcome any of the suggestions, because we realize we are certainly not perfect, and there are changes that have been in the past, in policy, been recommended by medical men in the fields that have been adopted.

Mr. McQUEEN. Well, have you had changes recommended by men who are on duty now in these hospitals, who have made recommendations that have been adopted?

Colonel BAIRD. Yes.

Mr. McQUEEN. And those recommendations are welcomed by the central office, we call it, and by your Department?

Colonel BAIRD. Oh, yes. We welcome those suggestions.

Mr. McQUEEN. That is all.

The CHAIRMAN. Mr. Engle? Any questions?

Mr. ENGLE. No questions.

The CHAIRMAN. Mr. Ramey?

Mr. RAMEY. Yes, sir. At one hospital I visited I saw one doctor who was very irritable, sometimes irritable to veterans, patients' families.

Maybe one day he would be pleasant, shake hands, the next day he would be plut, plut, plut, snap them off.

So when I arrived he said, "What in the hell are you doing? Congressman Huber is here, Congressman Cunningham has been here, and now you are here," he snapped in a very imperious voice.

I talked to another doctor and he said, "Don't be disturbed about him: that is just a case of male menopause, and he is worse than the patients."

Do they recognize menopause in men the same as women?

Colonel BAIRD. I think so. Unfortunately.

Mr. RAMEY. Then there was another criticism of him. Another one said he is a splendid doctor when his uniform is off. When he is in civilian clothes he is fine.

Colonel BAIRD. Yes.

Mr. RAMEY. He was a man who went from one hospital to another, Indianapolis to Brecksville, Ohio.

So, the irritability, not to be facetious, that is something folks have; one day they will be pleasant, the next day they are irritable.

Colonel BAIRD. Well, that is true. That is not uncommon among men in their fifties, sometimes earlier.

Mr. RAMEY. In answer to Mrs. Rogers you stated medical science was not an exact science, of course. There are not always cures.

I visited one hospital where the man did not recover there, but the relatives took him to St. Anne de Beaupre over in Canada and he was pronounced cured.

At another hospital some practitioners were brought in and he was relieved.

In one hospital they said the medical profession looked upon these things as cults.

Have you any objection to a veteran being cured no matter what cures him, if you concede that medical science is not an exact science?

If some person comes in and gives the person relief that is outside of medicine, do you have any objection to that if they are cured?

Colonel BAIRD. Well, that involves a matter of policy, but I might express this opinion about it, and that is this:

Of course we have no objection to a veteran being treated in any way he wants to that is going to help him.

If he goes to St. Anne de Beaupre, or anywhere else that helps him, that is fine.

And I think we all recognize certain spiritual influences in certain nervous diseases that are good, but I rather think that officially it would be a little dangerous to recognize any one religious sect professionally, because of the effect it might have on the American people as a whole.

In other words, if a member of the New Thought group wants to come to a hospital and see a patient and the patient wants to see him, or his relatives want the patient to see him and pray with him and what not, I think that is quite all right.

But for the Veterans' Administration to employ a person of that sort I think probably would not be the thing to do. We should stick to regular medicine. If we do not, then the sky is the limit.

Mr. RAMEY. That is right. Thank you.

Now, I believe someone asked—of course you cannot compel the veteran patient to stay there if his relatives want to take him out, unless there is a hearing in court.

Colonel BAIRD. That is right.

Mr. RAMEY. At Chillicothe, Ohio—that is an NP hospital—I had received two or three letters before I went there from relatives who claimed that the manager of the hospital would go to the local probate court and would have hearings and hold him there or hold him in prison, and I talked to the hospital officials and they said those were cases where the doctor, the family physician, or some home folks, had requested it, because some relatives always wanted a patient home while others did not and it would cause a quarrel, and the managers of the hospital were very reticent and did not like to go to any court to hold a patient there, because there was always some relative who made that complaint.

Do you find that situation quite difficult and delicate?

Colonel BAIRD. Very difficult. Very difficult. So many of those cases are family affairs rather than anything else.

I think a good rule to hold to there is to insist only on commitment in cases where the man is potentially dangerous to be at large, to himself or others.

And then, of course, our own hospitals can take the initiative and have that done to protect the man in the community.

Mr. RAMEY. Thank you very much.

Mr. SCRIVNER. Do you have any suggested remedy that might be followed to keep some of these cases in the hospital, where you are almost certain that it would be better that the man remain there?

Colonel BAIRD. Some of these that are admitted now from World War II?

Mr. SCRIVNER. In other words, on your opinion after the staff meeting if you feel that 6 months or 9 months or maybe a year might bring a man out in pretty good shape, and yet they do not wait 6 months, maybe not 30 or 60 days—of course the family is anxious to see the man—

Colonel BAIRD. Yes.

Mr. SCRIVNER. And that is just natural. And the situation becomes so that a man is released when the doctors feel the man should stay there.

Do you have any remedy on that?

Colonel BAIRD. Well, I think the remedy that has been used rather frequently is trial visit for many of those men, and that oftentimes convinces the family that the man really did need treatment, because in a few weeks time they come trotting back with him, realizing the doctors were right and they were wrong.

Mr. SCRIVNER. And do you feel this system that has been followed by the Veterans' Administration over a long period of time of trial visits is really the humane thing to do?

Colonel BAIRD. Oh, yes, indeed. It is the practical thing to do. But it is only done in cases where the staff is convinced that the patient is probably able to make a go of it; and it is only done after careful social service investigation of home conditions, as to occupational and social adjustment at home, that he is granted this trial visit.

Mr. SCRIVNER. Then when he goes out on these trial visits or permanently, does he again appear before the staff?

Colonel BAIRD. Not necessarily. He is given this trial visit for 90 days, usually.

Mr. SCRIVNER. Then a return visit?

Colonel BAIRD. Yes. But at least once in the interim we obtain a report from the local welfare organization, whatever it may be, of the progress being made at home by this man. If he is not doing well, then we urge his return. If he is doing well, then we discharge him at the end of the trial visit period, taking for granted that this report is true.

Mr. SCRIVNER. Now, that is made by an outside agency usually, so it is not what you would call a Veterans' Administration report?

Colonel BAIRD. Well, very often by a social worker of the veterans, too.

Mr. SCRIVNER. Also?

Colonel BAIRD. Also.

Mr. SCRIVNER. In connection with the other.

Colonel BAIRD. Yes.

Mr. SCRIVNER. That is all.

Mr. McQUEEN. May I ask a question right along this line, Doctor?

The CHAIRMAN. One of the members has a question.

Mr. CUNNINGHAM. If I understand correctly, somewhere between 35 and 45 percent of the soldiers being discharged from this war are what you class as mental cases or neuropsychiatric. Now, there has been much publicity out to people about this situation; many of the boys coming out of this war due to the hardship of the service of mechanized warfare, that they are slightly unbalanced mentally.

Now, my question is: Is there not a tendency among the officers of the Veterans' Administration that the veteran first comes to, if he looks in any way different from the normal patient, to just quickly say he is a mental patient, and send him to a mental hospital?

What safeguard is there thrown around the veteran to keep him from being turned into a mental hospital?

I think there is a great danger there and I wonder what is being done about it to prevent it.

Colonel BAIRD. Well, I do not know. I think perhaps some public education might help there.

Mr. CUNNINGHAM. What I am getting at is, we are prone, in America, you know, if a person does not agree with us to say he is crazy.

Colonel BAIRD. Yes.

Mr. CUNNINGHAM. We certainly do not want that attitude to work against the veteran.

Colonel BAIRD. It has happened in the past.

Mr. CUNNINGHAM. Well, I see a great danger; not only with the veterans' hospital, but any hospital.

Colonel BAIRD. Well, perhaps a series of films or education of some sort would help.

Mr. CUNNINGHAM. Well, I think the education has to be with the doctors in the receiving at the hospitals, not to classify as an NP one who is not one.

Colonel BAIRD. Yes. I think that is true. Now, there has been a tendency in the past I think for general medical men to use neuropsychiatric terminology or just say neuropsychiatric as kind of a general wastebasket for all of the individuals they do not understand.

Mr. CUNNINGHAM. Do you think that is right?

Colonel BAIRD. I think you are right in your contention, that sort of thing on the part of doctors is wrong. I think it is due to ignorance of medical men of psychiatric entities. If they knew they would not say this man needed hospitalization.

Mr. CUNNINGHAM. Then relatives of a veteran, they may bring a veteran to a hospital. They will say he is a little off. There might be back of that the desire to get rid of him for some financial reason at home. To what extent are those cases being checked into in order that a sound man will not be confined wrongly?

Colonel BAIRD. Well, if they come to our hospital for admission and have been committed by a court there is nothing we can do about them.

Mr. CUNNINGHAM. Yes. I realize that. I realize that legal courts sometimes commit men.

Colonel BAIRD. We do not take them as voluntary patients.

Mr. CUNNINGHAM. But if they do come how do you determine—if there is nothing wrong with them physically, do you send them to an NP hospital?

Colonel BAIRD. If there is nothing wrong with them physically do they go to an NP Hospital?

Mr. CUNNINGHAM. Yes.

Colonel BAIRD. Yes.

Mr. CUNNINGHAM. Well, do you check up to see if they should go to an NP hospital?

Colonel BAIRD. Do you mean the Army now?

Mr. CUNNINGHAM. I mean a discharged veteran who goes to a veterans' hospital.

Colonel BAIRD. A discharged veteran who applies for treatment in a hospital?

Mr. CUNNINGHAM. Yes.

Colonel BAIRD. Of course a discharged veteran may apply for treatment at any of our hospitals, and he may be a mental case or he may not. He may be a physical case. But we do not turn them down if they come to the mental hospital.

Mr. CUNNINGHAM. Suppose I apply at the hospital for treatment and you examine me and find out there is nothing wrong with me physically and you say the fact he is up here he must be crazy, and you send me to an NP hospital. Is that situation general?

Colonel BAIRD. Not general, but we do admit to our hospitals for the purpose of determining the need for hospitalization.

Mr. CUNNINGHAM. To an NP hospital?

Colonel BAIRD. Yes.

Mr. CUNNINGHAM. And are they committed to hospitals with other patients who are off center before you know whether they are mentally unbalanced or not?

Colonel BAIRD. Yes. They are put on the receiving ward and handled like any other patients.

Mr. CUNNINGHAM. Do you think that should be done?

Colonel BAIRD. I see what you are driving at.

Mr. CUNNINGHAM. What I am driving at is this: I do not want to see this discharged soldier who is all right mentally put in this NP hospital unless it is first determined that there is something wrong with him mentally.

Colonel BAIRD. Well, we do have general medical wards in all our NP hospitals, but those wards are primarily for the treatment of men who have recurrent medical conditions. If you have pain in your side and think you have appendicitis, we will probably send you to the general medical ward.

The CHAIRMAN. If they are discharged for disability, do you check on that disability?

Colonel BAIRD. Well, ordinarily the discharge has those disabilities—I do not think they do have, any more.

Mr. CUNNINGHAM. What I am thinking of is using the best methods to prevent a perfectly normal person, mentally normal, from being committed to a mental hospital, because of the stigma.

Colonel BAIRD. Because of the stigma.

Mr. CUNNINGHAM. That is right.

Colonel BAIRD. Well, I would say that the officer of the day or the physician who examines this man who presents himself would probably discourage his admission if he felt that he did not need hospital treatment.

Mr. CUNNINGHAM. I may put it this way: In many of our municipalities and counties throughout the country, because of their probable lack of equipment—a person who is charged with a crime may be insane; yet, while the investigation is pending, he may be thrown into a cell with a bunch of hardened criminals.

Colonel BAIRD. Yes.

Mr. CUNNINGHAM. Which is a bad thing. And the same thing could apply to these veterans when you are waiting to find out whether they are mentally sound or not; they may be thrown in with those who are not.

Colonel BAIRD. Someone just hands me this note and it says if a veteran applies for hospitalization, he is received and an effort is made to find out what is the matter with him. Presumably if he is normal he will not apply.

Well, that is probably true.

Mr. CUNNINGHAM. That goes back to my original question. The fact that he does apply and there is nothing wrong with him physically means he is actually put into a mental hospital.

Colonel BAIRD. Yes. That is true.

Mr. CUNNINGHAM. Is there any way to remedy that?

Colonel BAIRD. In our psychiatric hospital?

Mr. CUNNINGHAM. Yes. To prevent that sort of thing happening.

Colonel BAIRD. Well, it has so many angles to it—if you do not take precautions with an unknown quantity, something might happen. He might commit suicide.

Mr. CUNNINGHAM. Well, I heard a whisper a while ago. Is there any way to segregate them so there is no stigma on them; that they do not have the feeling they are thrown in with a bunch of insane people?

Colonel BAIRD. Someone has suggested that our neuropsychiatric hospitals be called medical centers.

Mr. CUNNINGHAM. Well, of course, no matter what they are called, the patient knows what they are.

Colonel BAIRD. Change the name to medical centers.

Mr. CUNNINGHAM. Well, I have one more question and that is all. Information has come to certain members of the committee that some supposedly reliable medical advice is that the use of shackles is considered outmoded and it is not necessary to use them on any patient, regardless of his mental condition.

What would you say on that?

Colonel BAIRD. I would say we commented on that before here, perhaps before you came in, but certainly they are not used except where they are absolutely necessary.

When you speak of shackles now you are thinking of the picture you saw in the *Cosmopolitan* magazine?

Mr. CUNNINGHAM. I am thinking of the accoutrement to prevent a man using his hands.

Colonel BAIRD. Well, we feel that kind of thing is a kindness to the patient, rather than a torture. Those patients for whom that kind

of thing is used are those who are so belligerent and hyperactive mentally and physically, chiefly physically, that they are a menace to those about them as well as a menace to themselves.

They may be suicidal, or homicidal, or both.

Now, we could, as I said before, keep those men under sedative constantly, some kind of drug. We could keep them in packs, neutral packs, which we do sometimes to try to calm them down, but in most instances of those who are homicidal packs do not do any good. Nor do tubs do any good.

We could put them in seclusion.

But we feel that it is more humane to so shackle them, if you want to use that term, to keep them from injuring themselves or others, and at the same time permit them the free access to different parts of the ward and even throughout, on the reservation.

They may smoke, they can eat their meals, with these things on. They can play checkers or read books or newspapers, but they cannot take a slug at somebody.

Those wristlets are taken off at regular intervals for a rest, especially when they take them to the lavatories, and taken off at night, and taken off completely when they have demonstrated that they can get along without them.

Mr. CUNNINGHAM. That is all, Mr. Chairman.

Colonel BAIRD. But it is just common sense using something of that sort.

The CHAIRMAN. Any questions?

Mr. HUBER. No, sir.

The CHAIRMAN. I have one or two questions.

Mrs. ROGERS. Mr. Chairman, I had a number of questions.

The CHAIRMAN. Go ahead.

Mrs. ROGERS. No.

The CHAIRMAN. Go ahead.

Mrs. ROGERS. No, please.

The CHAIRMAN. How many hours a day in these hospitals are these doctors on duty?

Colonel BAIRD. They are on duty officially 8 hours, but they are on call after hours.

The CHAIRMAN. But they are on duty 8 hours every day?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. Now, how many patients do you have to each doctor?

Colonel BAIRD. We have now, I think it is, about 115 patients, the average throughout the whole service.

The CHAIRMAN. One hundred and sixteen patients.

Colonel BAIRD. One hundred and fifteen patients, I believe it averages up per doctor. That is not as good an average as we would like to have and doubtless we will eventually have more doctors.

The CHAIRMAN. Now, just mathematically figuring, that would be about 30 minutes to a patient, on an average, instead of 5 minutes to a patient.

I wondered when I heard this witness testify—of course, after I read his statement I did not pay much attention to any of his allegations except to check up on the facts and figures that were capable of demonstration.

So, instead of having 5 minutes on an average a week, you would have around 30 minutes on an average a patient.

Colonel BAIRD. That is about what one hospital analyzed it to be.

The CHAIRMAN. Now, a great many of those patients, you say it is not necessary to see them?

Colonel BAIRD. Yes.

The CHAIRMAN. It is owing to this state of their condition.

Colonel BAIRD. Yes, sir.

The CHAIRMAN. But many of them it is necessary to just pass through and see them every day, see that they are getting along all right.

The truth of the business is some mental patients the less you disturb them the better off they are.

Colonel BAIRD. That is true.

The CHAIRMAN. So that would give you a great deal more time for the ones that really need personal attention.

Colonel BAIRD. That is very true.

The CHAIRMAN. I just wanted to bring that out, because this statement that has been broadcast from these magazines and from this witness stand seemed to me not only flagrant misrepresentation but violent injustice to the doctors in these hospitals.

Colonel BAIRD. That is right, sir.

The CHAIRMAN. All right, Mrs. Rogers.

Mrs. ROGERS. I understand that you believe it would be extremely helpful to your doctors and nurses in the higher medical section of the Bureau to have a permanent medical corps, with promotions upon merit, adequate salary and protection, protected benefits for the men who serve.

Colonel BAIRD. Yes; I think that is the general consensus among the physicians that something of that—

Mrs. ROGERS. That has been growing over quite a period of years, has it not, that conviction?

Colonel BAIRD. Yes, Mrs. Rogers.

Mrs. ROGERS. Do you not think it would be helpful, Colonel Baird, to have a director or manager of a hospital testify before this committee what his problems are?

Colonel BAIRD. I think that might be very helpful, yes, I do, Mrs. Rogers.

Mrs. ROGERS. What are their recommendations today as they come in, by letter and from inspection?

Colonel BAIRD. From the field?

Mrs. ROGERS. Yes.

Colonel BAIRD. Well, let's see—I think perhaps they would recommend perhaps more latitude in deciding on certain diagnostic procedure.

For example, spinal punctures, I think, is just one that they have talked about.

They feel if the patient has no relatives to give consent for spinal puncture that the staff head should be able to give the authority.

That is just a minor thing that perhaps could be arranged.

What do you have in mind?

Mrs. ROGERS. Well, do they not complain to you of overcrowding? Thinking of dining rooms and rest rooms and porches.

Colonel BAIRD. Yes. I might say on that overcrowding situation this: That fortunately, as I understand it, the Veterans' Administration standards for space allotted to patients in these buildings has been very liberal through the years; so that that has made it possible to add more beds to meet the emergency than would otherwise have been possible.

Mrs. ROGERS. Yes; but is it not true that they take day rooms and dining rooms and sun porches for wards?

Colonel BAIRD. I think that has been necessary in some instances, but they have not taken many—they have used porches I think for day rooms and I think they have moved some dining rooms to other locations in order to make more day-room space.

I wonder though if the overcrowding has been as serious as the press has—

Mrs. ROGERS. Well, I think your managers have complained about it, have they not?

Colonel BAIRD. Yes; they have complained some of that.

Mrs. ROGERS. Is it not true in some instances that the mattresses come out beyond the bed, which makes overcrowding worse than if they had mattresses which just fit the beds?

Colonel BAIRD. Well, I have not seen any of that personally. Placing emergency beds has resulted in placing the beds I think 5 feet from center to center, and that makes them 2 feet apart on many wards, but on the tuberculosis service there has been no—

Mrs. ROGERS. But on the NP services.

Colonel BAIRD. On the general NP services that has been done.

Mrs. ROGERS. Is that not very unfortunate, particularly on mental cases?

Colonel BAIRD. It would be better not to have it.

Mrs. ROGERS. One of your managers in one of your hospitals, Dr. Adams, has complained about it steadily to me, and I am sure he has to you also.

Colonel BAIRD. Yes.

Mrs. ROGERS. And have not many of your managers complained of the lack of buildings and beds in that way?

Colonel BAIRD. Yes; they have been rather upset because of the delays in construction.

I understand that a great deal of that has been due to a number of factors, like lack of priorities and labor shortages and strikes, and local difficulties with soil conditions and what not.

Mrs. ROGERS. And not using the Army when the Army engineers might have been used, also.

Colonel BAIRD. I do not know about that.

Mrs. ROGERS. I understand they are being used now in the building programs; in Massachusetts, a building for women patients was promised—nervous women patients, just outside of Bedford Hospital.

Colonel BAIRD. Yes. I am quite sure that is approved now.

Mrs. ROGERS. Yes, but it was over a year ago that it was promised.

Do you not find a very serious shortage of beds in NP cases for the women?

Colonel BAIRD. We need beds for woman NP cases in the New England area, and I understand they are now establishing a temporary women's unit at Bedford. I think there are 18 beds. I heard this this morning, that are being set aside, and eventually about 50.

Mrs. ROGERS. Where will that be, in what building at Bedford, do you know?

Colonel BAIRD. I have forgotten what building it is.

Mrs. ROGERS. What will be done with the men patients there?

Colonel BAIRD. I think they have room without having to transfer anyone.

Mrs. ROGERS. They will not transfer those sick cases to South Dakota or somewhere as planned for some time ago?

Colonel BAIRD. Oh, no.

Mrs. ROGERS. You believe the patients should be as near their homes as possible, do you not?

Colonel BAIRD. Yes. I think they should be.

The CHAIRMAN. It is now 10 minutes after 12 o'clock and we are going to take a recess until 1:30, and, Doctor, we are going to give you an opportunity to do what you were supposed to have done at the beginning and that was to read your statement and then answer to these facts.

Mrs. ROGERS. And I would like to be heard after that. I have not finished.

The CHAIRMAN. Yes. Whatever questions the committee wants to ask will be asked, but I want you to have an opportunity to read your statement.

(Whereupon, at 12:10 p. m., the committee recessed until 1:30 p. m. of the same day.)

AFTER RECESS

(The committee met at 1:30 p. m., Hon. John E. Rankin (chairman) presiding.)

The CHAIRMAN. The committee will come to order.

Dr. Baird, will you come around.

FURTHER STATEMENT OF COL. JOHN H. BAIRD

Mr. McQUEEN. Dr. Baird, you were sworn this morning.

Now, I would like for you to read this report which you have in regard to the accusations and condemnations made by the Deutsch articles, so we can get it in the record.

So if you will read that now. Just read that report, Doctor.

Colonel BAIRD. I might say before reading this—

Mrs. ROGERS. Have you any copies of it with you, sir?

Colonel BAIRD. I have just this one. We have others over at the—

The CHAIRMAN. You do not have any copies to be distributed among the members?

Colonel BAIRD. We could easily obtain them, Mr. Chairman.

The CHAIRMAN. I think that would be a good idea. Go ahead and read it.

Colonel BAIRD. I might say before I read this what I prepared concerning the articles in PM has only to do with neuropsychiatric problems.

The CHAIRMAN. All right.

Colonel BAIRD (reading): Article VIII: Neglect of Psychiatric Cases Laid to Vets Bureau, Tuesday, January 16, 1945.

This article accuses the Veterans' Administration of not providing adequate facilities for neuropsychiatric cases and refers particularly

to statements made by Dr. W. A. Holla, Westchester County, N. Y., health commissioner, who cites several cases of World War II veterans who were in trouble in the community. Dr. Holla is quoted as saying that something must be done to provide care for the many psychoneurotics who are picked up on our streets, helpless or in trouble, and that it seems to him that the Veterans' Administration should have new hospitals erected to care for them. However, he goes on to say that the institutional problem is not nearly as serious as the problem of providing out-patient or clinic treatment for veterans with psychiatric disorders.

It is my opinion that it is grossly unfair to criticize the Veterans' Administration to the exclusion of other agencies, Federal, State, county, or private, handling psychiatric patients, especially the psychoneurotic group, for not having adequate facilities, particularly out-patient clinic therapy, when it is freely admitted by the best-known psychiatrists of the country that out-patient psychotherapeutic clinics have been and still are entirely inadequate to meet the needs of both the civilian and veteran groups. This problem of therapy for the psychoneurotics was one of the principal topics of discussion at the meeting of the Association for Research in Nervous and Mental Disease held in New York City in December 1944, and was the single topic of discussion at a meeting of 30 psychiatrists held at Hershey, Pa., under the auspices of the National Committee for Mental Hygiene in February of this year. The vastness of the subject and its many ramifications, is well recognized by the Nation's outstanding psychiatrists and mental hygiene groups. It is a problem which requires the concerted action of not only the Federal Government, but National and local health organizations, public and private social agencies, vocational institutions, industry, and all public spirited citizens.

The attitude of the Medical and Hospital Service of the Veterans' Administration, including that of the Medical Advisory Council to the Administrator, toward the problem of dealing with this group of disabilities is somewhat as follows:

(a) Inasmuch as the great majority of those diagnosed as psychoneurosis by the armed services will make an adjustment upon their return to civilian life and upon resuming their prewar occupation or upon entering some new occupation, treatment of this group is unnecessary.

(b) Perhaps the next group in point of numbers comprises those who cannot make an adequate adjustment, socially or economically or both, and who would be materially helped by out-patient psychotherapy conducted along modern lines by trained psychiatrists.

(c) A third group, consisting of the more severe forms of psychoneurosis, including those from battle zones, should be hospitalized in special units established in our General Hospitals. The therapy in these centers is to be intensive and will embrace all of the most modern modalities, including planned psychotherapy, aimed at discussion of resentments, ventilation of traumatic emotional experiences, active social service help in making social contacts and finding suitable employment on discharge, shock therapy, occupational therapy, physical therapy, physical education, group therapy, therapeutic lectures, recreational therapy, and so forth.

Now, shall I go on with the next article? That is all in that one article.

Mr. McQUEEN. Go ahead with it.

Colonel BAIRD (reading): Article IX: "VA Neglects Veterans With Sick Minds."

The CHAIRMAN. Who wrote that article?

Colonel BAIRD. These are all by Mr. Deutsch. Wednesday, January 17, 1945.

This article, like its predecessor, deals in the main with the criticism that the Veterans' Administration is not giving adequate out-patient therapy to patients with psychoneurosis.

Field stations of the Veterans' Administration and central office are acutely aware of the importance of adequate out-patient treatment for veterans with psychoneurosis and that such therapy would help materially in restoring thousands of these veterans to social and occupational usefulness. It is also realized that there would result a corresponding reduction in the pension rolls for this group and that early treatment will in some cases prevent a later need for hospitalization, when conditions comparatively superficial now have advanced to a stage of chronic deep-seated illness not amenable to rapid treatment and cure.

In order to at least partially meet this situation, the Veterans' Administration is developing two plans. The first of these is to adequately staff its own out-patient clinics in the presently operated general hospitals and regional offices with teams consisting of psychiatrist, psychologist, and social workers and the second is to enter into contracts with recognized private mental hygiene clinics for the administering of therapy for veterans with service-connected psychoneurosis, provided they are in need of treatment and desire it.

As to our own out-patient departments, every effort is being made to adequately staff such units with psychiatrists experienced in dynamic therapeutic methods as well as with psychologists and psychiatric social workers. However, this plan can be realized only as trained personnel become available.

In regard to the development of contracts with private mental-hygiene clinics, the Medical and Hospital Service, during the first part of January, following careful exploration with the National Committee for Mental Hygiene as to clinic standards which should be required, contacted the managers of 18 stations in whose regional area there were understood to be mental-hygiene clinics treating veterans and requested these officials to look into possibilities of making contracts with them. Following this action, all stations having regional office activities were requested to develop this plan in their respective areas. To date replies have been received from only a few stations with but six submitting information to the effect that contracts might be obtained. It is very doubtful how universally obtainable or desirable such contracts will be. The reasons for inability to secure such contracts are as follows:

1. Some States have no such clinics.
2. Some clinics are insufficiently staffed with professional personnel to take on added responsibilities. They already have more patients than they can handle.

3. Some clinics fear adverse effect on the results of treatment, when there are direct relationships between the clinic and the organization awarding pension benefits.

4. Dr. John C. Whitehorn, psychiatrist in chief, Henry Phipps Psychiatric Clinic, John Hopkins Hospital, Baltimore, Md., states that in his opinion, rather than establish contracts, it is a sounder plan for the Federal Government to develop mental-hygiene clinics over the country through grants-in-aid to States. Such Government grants would permit—

a common service to citizens, including ex-soldiers, without emphasizing and perpetuating a special status of a military casualty which may be so troublesome a deterrent to recovery.

In my opinion, purely from a medical standpoint and without commenting upon political problems involved. Federal aid to permit the development of such clinics serving the entire community, veterans and nonveterans, may prove more practicable than attempting to make contracts with the few clinics that exist today, as a means of supplementing in the smaller cities the Veterans' Administration's own mental-hygiene clinics.

The two PM articles commented upon above would lead one to believe that practically all of the men discharged from the armed forces with a diagnosis of psychoneurosis are so disabled that intensive treatment is necessary to place them on their feet again. It is my opinion that such a thing is far from the truth.

Article X: "VA Psychiatric Research Unit Proves Fizzle," and "New York Vets Lack Active Care in Northport Mental Hospital."

In this article Mr. Deutsch refers to overcrowding; states that there are too few doctors and nurses on duty; that patients go untreated for weeks, and even months; that no annual report of the hospital's patient population is made; that the attendants lack proper training; that the hospital does not have an adequate social-service staff; and that the research center at that facility is—

indicative of the microscopic part played by scientific medicine in the Veterans' Administration.

Overcrowding: There is some crowding at Northport, as there is at some of the other neuropsychiatric hospitals of the Veterans' Administration, but the number of beds over the established capacity has not interfered seriously in the treatment of patients. The Army has no provision for the continued treatment of psychotic patients and State institutions are crowded to the doors. The situation of crowding is, however, being gradually relieved by the erection of new buildings at presently operated facilities and by the establishment of new hospitals. Had the Veterans' Administration not made the emergency provision of increasing the capacity of its several mental hospitals, many of the veterans in need of psychiatric treatment would have ultimately landed in jails or would have received no care at all.

Doctors and nurses: The number of doctors and particularly physicians trained in neuropsychiatry, assigned to our neuropsychiatric hospitals is limited, due to war conditions. But the Veterans' Administration shares in this deficiency with other hospitals, Federal, State, and private. The same situation is true in regard to nurses, except that the need is even greater.

Treatment of patients: The accusation that patients go untreated for weeks and even months is absolutely not true. Anyone who professes familiarity with the treatment of neuropsychiatric disorders knows that a full-scale treatment program is not instituted until some information is gained about the individual patients, through various diagnostic studies. This takes several days and sometimes 2 or 3 weeks. In the meantime, however, any apparent symptoms or condition requiring therapy is properly treated.

Annual report: The statistical data referred to in the annual reports of hospitals not operated by the Veterans' Administration are maintained in all of our institutions and are forwarded to the central office to be used in the compilation of the annual report of all hospital activities. These data are available for use in the many studies being conducted by various departments of the Administration, including the Medical and Hospital Service.

Training for attendants: Since Pearl Harbor, the Veterans' Administration has lost hundreds of well-trained attendants to the armed forces and as a consequence has had to employ many men of inferior caliber. And these have been augmented by the assignment of troops to act as attendants. However, intensive courses of training for these men are being given in all of our neuropsychiatric hospitals, with the requirement that the initial course be completed before they are permitted to actually care for patients.

Social service staff: There are many vacancies throughout the neuropsychiatric service for social workers. These are due to the fact that such personnel are just not obtainable.

Research unit at Northport: The neuropsychiatric research unit as it now exists is a nucleus which could not be expanded or merged into a large centralized research and teaching institute at this time, during the war, because technical professional personnel would not be available. Much of the space in the New York Neuropsychiatric Institute provides beds for patients undergoing study. This is represented at Northport by the hospital, the patients there being accessible to the personnel of the research unit. The \$25,000 budget, therefore, does not include the cost of the hospital operation. As many doctors as could be spared from the various stations of the Veterans' Administration have been afforded instruction in the research unit. I do not know the source of Mr. Deutsch's information that this unit is highly "touted," as we have all felt that it is only a beginning.

Article in March 2, 1945, issue of PM entitled, "Untreated Mentally Ill Vets Lose Out on Chances of Cure," Albert Deutsch.

In this article, Mr. Deutsch again calls particular attention to the need for psychiatric treatment of emotionally disturbed veterans, psychoneuroses, and states that the Veterans' Administration shows no interest in the training of young doctors in the specialty of psychiatry. The steps being taken by the Veterans' Administration in attempting to meet the problem of providing therapy for psychoneurotics have been commented upon previously in this presentation. As to the training of physicians in psychiatry, a group of 17 physicians will be detailed for a course of training in an Army hospital next month and several are to receive instruction in the dynamic approach to the handling of functional disorders in connection with a special course being given certain Veterans' Administration personnel beginning

this month at the Institute for the Crippled and Disabled, in New York City. The Veterans' Administration is keenly conscious of the need for trained psychiatrists in its various hospitals and out-patient clinics and is making definite plans to continue the training of its medical officers in this specialty.

And I might say in passing that these courses will go on and more doctors will be sent from month to month.

Mr. SCRIVNER. What is the dynamic approach?

Colonel BAIRD. Well, it simply means the form of psychotherapy that is carried on by psychiatrists who have a psychoanalytic training and who understand something about the motivations of people.

It is more dynamic in that respect.

Mr. SCRIVNER. What does dynamic mean?

Colonel BAIRD. In this sense I should say it means going places.

In other words, it is a form of therapy that digs into the conflicts and troubles that these men have and using, as I say, psychoanalytic principles, trying to show them what their symptoms mean, and putting the cards on the table and giving them insight.

Mrs. ROGERS. I am very much interested in your sending your men for training and also for treatment at the Institute for the Crippled and Disabled, because I was very much interested in that section of the GI bill.

Colonel BAIRD. Yes.

Mrs. ROGERS. That provided for the Bureau to do that.

I understand you have already done it.

Dr. Monroe is the head physician—

Colonel BAIRD. That is true.

Mrs. ROGERS. I think it is one of the best things the Congress has done.

Colonel BAIRD. I think it is, too.

Mrs. ROGERS. When did you send them first to the Institute for the Crippled?

Colonel BAIRD. I think it has been about—first week in April, I believe the first group went.

Mrs. ROGERS. April of this year?

Colonel BAIRD. This past April. And I think one or two groups have been there since.

In rotation from different parts of the country we are sending one psychiatrist and one physical medicine man and a couple of occupational therapy aids and physical therapy aids, and then one of the educational advisers, because that is a part of the whole picture.

Mrs. ROGERS. How many patients? How many patients have you sent there?

Colonel BAIRD. We have not sent patients. It is just the training of personnel.

Mrs. ROGERS. You have sent patients to Boston City Hospital.

Colonel BAIRD. I did not know that.

Mrs. ROGERS. You have sent three, and I understand they are going to take more just as soon as you have the beds.

Colonel BAIRD. Well, we are keenly conscious of the need for trained psychiatrists in our hospitals and our out-patient treatments, and we are continuing plans for training in this specialty at one place or another.

Now [reading]:

Article in March 5, 1945, issue of PM entitled "Vets With Mental Ills Get Run-Around in New York," Albert Deutsch.

In this article, the author states that there is practically no out-patient psychiatric treatment given at either our hospital at the Bronx or at Northport, Long Island. The statement is also made that the doctors will be too busy at the New York regional office in handling pension-rating examinations to give much psychiatric therapy.

The situation regarding out-patient therapy at the Bronx and also at Northport is, unfortunately, true; but until more trained personnel become available, very little improvement can be expected. This applies also to the regional office psychiatric set-up.

Article in March 19, 1945, issue of PM entitled "How to End Neglect and Brutality in Treatment of Psychiatric Vets—Experts Offer Plan to Combat VA Indifference," Albert Deutsch.

The two main accusations made in this article are, first, that—

Increasing numbers of psychoneurotic veterans wandering about in towns and cities after their Army discharge, bewildered and aimless, getting into trouble and steadily deteriorating because the Veterans' Administration doesn't provide the psychiatric services legally required of it—

and—

The prevailing tendency to limit medical treatment largely to the prescription of sedative pills should be replaced by the wider introduction of such modern therapeutic procedures as insulin shock, electric shock, psychotherapy, and group therapy.

The first of these accusations has been adequately discussed in connection with a previous article. But to repeat, if the Veterans' Administration had available more trained psychiatrists and psychiatric social workers in its various hospitals and out-patient clinics, much more could be accomplished in giving much-needed early therapy to veterans with beginning neuropsychiatric ailments. The accusation that there is a tendency to limit medical treatment largely to sedative pills is utterly absurd. Electric-shock therapy is being administered in all 31 neuropsychiatric hospitals and all patients for whom this form of therapy is indicated receive it promptly, provided their relatives give their consent. Insulin shock is also employed in a number of our hospitals in selected cases. Psychotherapy is also given individually and in groups in our neuropsychiatric hospitals and group therapy, embracing occupational and recreational therapy, has been used intensively in all of the hospitals of this group for several years, in fact, long before the present war.

Article, March 20, 1945, issue of PM, entitled, "VA Urged To Utilize Local Clinics for Treating Neglected Mental Cases. Do-Nothing Policy Is Apparent in Care of Neurotic Vets," Albert Deutsch.

This article deals again with the subject of therapy for psychoneurotics in out-patient clinics, large-scale training programs to make up for the acute shortage of psychiatrists and the need for trained psychiatric social workers in the Veterans' Administration.

We all recognize the great need for better out-patient facilities for the treatment of psychoneurotics and have taken two definite steps to at least partially remedy the situation, as described in my comment concerning another article. These two steps are, the elaboration of our present out-patient departments by the assignment of trained person-

nel when such become available and the negotiation of contracts for such therapy with recognized private mental hygiene clinics. The reasons for the plan of obtaining such treatments on contract having not progressed very satisfactorily are given in previous paragraphs.

The Veterans' Administration has realized ever since the beginning of the present war, when many of its physicians were lost to the armed forces, that extensive psychiatric training programs for newly recruited physicians would be necessary. However, because of the rapidly increasing number of hospital admissions and the great demand upon physicians' time in the making of neuropsychiatric examinations for rating purposes, no large groups of medical officers could be spared to take such courses. However, as previously stated, next month a group of 17 physicians will be given an intensive course in neuropsychiatry in an Army hospital, and when this course is completed, others will follow.

As to trained psychiatric social workers, there are many vacancies in our hospitals, and more are needed to staff our out-patient clinics but, unfortunately, only occasionally is one available.

The CHAIRMAN. Is that the end of your statement, Doctor?

Colonel BAIRD. That is, on the PM articles.

The CHAIRMAN. Before you go any further, I would like to make a statement.

On yesterday, this man Deutsch leaned pretty heavily on a Dr. Ernst P. Boas, and I checked up on Dr. Boas in a report of the Dies committee, and I am going to read briefly.

First, it shows he is a member of the National Citizens Political Action Committee that is sending out funds to try to beat the Congressmen in the primaries who did not follow the Communist Party line or did not kowtow to their leaders.

Second, he is on the executive board of the American Committee to Save Refugees, 156 Fifth Avenue, New York City, which is registered as a Communist-front organization.

And I am going to insert those 17 Communist organizations. I will just insert this in the record without reading it, and you can read it when you get to it.

(The document referred to follows:)

JUNE 6, 1945.

MEMORANDUM TO MR. RANKIN RE DR. ERNST P. BOAS

The following data is taken from appendix, part IX, on the Special Committee on Un-American Activities, House of Representatives, Seventy-eighth Congress, second session, House resolution 282:

1. Member, National Citizens' Political Action Committee (p. 264, Dies committee, appendix 9).

2. On executive board, American Committee to Save Refugees, 156 Fifth Avenue, New York City, a Communist-front organization (p. 357, Dies committee, appendix 9).

3. On professional committee, American Friends of Spanish Democracy, 20 Vesey Street, New York City, a Communist-front organization (p. 382, appendix 9).

4. Sponsor, Disabled Veterans of Spanish War Fund of the Friends of Abraham Lincoln Brigade, a Communist-front organization (p. 754, appendix 9).

5. Lecturer, Jefferson School of Social Science, Communist-front organization announced by Daily Worker on January 6, 1944 (p. 923, appendix 9).

6. Member, National Medical Committee of North American Committee to Aid Spanish Democracy. Progress of this outfit was reported to tenth annual convention of Communist Party in May 1938 (p. 569, vol. 1, Dies committee).

7. Sponsor, National Sponsors Medical Committee, a Communist-front organization (p. 1278, vol. 2, Dies committee).

8. Member, Coordinating Committee to Lift the Embargo, a Communist-front enterprise, an auxiliary of the North American Committee to Aid Spanish Democracy (p. 666, second section, appendix IX).

9. Member, Council of Pan-American Democracy, a Communist-front organization announced by the Daily Worker on November 29, 1938 (p. 672, second section, appendix IX).

10. Member, Friends of the Abraham Lincoln Brigade, an organization completely controlled by the Communist Party (p. 750, second section, appendix IX).

11. Member, National Emergency Conference, a Communist-front organization (p. 1205, fourth section, appendix IX).

12. Member, National Federation for Constitutional Liberties. Since its inception in June 1940, this organization has, perhaps, been the foremost Communist-front organization in the United States (p. 1222, fourth section, appendix IX).

13. Sponsor, National Action Conference, Washington, D. C., April 19 20, a Communist-front organization (p. 1233, fourth section, appendix IX).

14. Sponsor, A Message to the House of Representatives. Signed the message to the House of Representatives in January 1943 opposing renewal of the Dies committee (p. 1242, fourth section, appendix IX).

15. Member and sponsor, National Wartime Conference of the Professions, the Sciences, the Arts, the White Collar Fields, a Communist-front organization (pp. 1335, 1338, fourth section, appendix IX).

16. Signed the letter to President Roosevelt and Attorney General Jackson protesting the attacks upon the Veterans of the Abraham Lincoln Brigade, a Communist-front organization (p. 1648, fifth section, appendix IX).

17. Sponsor, A Wartime Budget Conference, a Communist-front organization (p. 1672, sixth section, appendix IX).

The CHAIRMAN. I am doing that in the light of the attacks which were made, and the records which I have shown here, Deutsch's connection with these Communist-front organizations, and then he comes in here with Dr. Boas, and want to show his connection with Communist-front organizations.

So, go ahead.

Mrs. ROGERS. Dr. Baird, it seems to me in your statement you admit a good many of the statements of Mr. Deutsch as being true at that time and you have since remedied them, such as sending your men to the Institute for the Crippled.

Colonel BAIRD. I neglected to say though that prior to the war it was the Veterans' Administration's policy to train physicians from time to time in various specialties in different clinics in different parts of the country.

Mrs. ROGERS. If you could spare them?

Colonel BAIRD. Yes: if we could spare them, and if we felt that speciality was not covered adequately.

The thing that precipitated the realization that the need was so great was the fact that we lost so many to the armed services.

Some of the best men left us, the younger, more virile men had gone, and we had to supplement our staff with inexperienced people, and for a time we were taking civil-service people that were far from being what they should have been.

Mrs. ROGERS. Do you think a medical corps should be set up?

Colonel BAIRD. The advantage of that is we could pick and choose our personnel.

Mrs. ROGERS. You could have done it at that time and still saved a good many of your doctors with service, and it would be also true of

your nurses or attendants, so there would have been a remedy way back at the beginning of the war; and with the experience of the First World War it seems to me that nothing was done; and today it always seems that things are going to be done in the future rather than at the moment, and it has been stated that your doctors have had so much to do of paper work that they could not take care of the patients adequately.

Is that not true?

Colonel BAIRD. About the paper work, the doctors, the doctors in the Veterans' Administration do have more paper work to accomplish than those in civilian hospitals, because the examinations that are made in the Veterans' Administration are made for two purposes.

One is to determine the diagnosis and what is best to be done for the patient; and the other is for adjudication purposes; and those reports must necessarily be rather long and involved and carefully written, and they require sort of a different type of mind to express the disabilities in terms that can be understood by members of rating boards.

The other type of paper work, much of it, I think, will be eliminated by the appointment of ward clerks, which I think has been mentioned in the NP hospitals, to take off of the shoulders of not only the doctors but the nurses as well, some of the paper work that they have all performed.

I think that is being tried out at three or four hospitals. They are on duty now and studies are being made of their working conditions and their accomplishments.

Mrs. ROGERS. So while the civilian hospitals may have fewer doctors, because they do not have the paper work to do they can care for more patients.

I believe you have something on that in your file.

Colonel BAIRD. Yes. And I believe that is also true in Public Health Service.

There is a lot of paper work in any Federal service, perhaps more so in the Veterans' Administration because of the necessity of having adequate reports for rating purposes.

Mrs. ROGERS. Have you talked to Dr. Parran, the Surgeon General of the Public Health Service?

Colonel BAIRD. No, I have not.

Mrs. ROGERS. He wrote me that they have more enlistments and everyone is much more happy.

Is it not also true that where there are fewer nurses the clerk is often even more taxed?

Colonel BAIRD. It is very essential, and it is essential for them to be pretty good psychologists, too.

Mrs. ROGERS. So they should have special training.

Colonel BAIRD. They should have special training.

Much of the maltreatment of patients that has been reported—and some of it is true and some of it is not—I am inclined to think that most of it is due to the fact that our personnel are new and inexperienced, and the troops—

Mrs. ROGERS. You had beating by the troops, did you not?

Colonel BAIRD. I think now and then we did.

Mrs. ROGERS. What was the punishment?

Colonel BAIRD. Well, I think all of those incidents were investigated pretty carefully, as they are now, and the offenders are discharged, and if the offense is serious enough, they are prosecuted.

Mrs. ROGERS. Well, with the shortage of personnel I suppose it is very difficult to tell who did the beating.

Colonel BAIRD. Well, it is difficult. There are a number of remedies for that, though.

Mrs. ROGERS. And you would approve also for your attendants then I imagine quite an extensive training in psychiatric work.

Colonel BAIRD. Yes. We are carrying that out now in all our hospitals, but unfortunately the type of men that we have now is not the sort we hope to have some day.

Mrs. ROGERS. And they should have more pay in order to induce them to go in?

Colonel BAIRD. That is right.

Mrs. ROGERS. Would you like to have your doctors affiliated with other doctors in clinics?

Colonel BAIRD. Yes.

Mrs. ROGERS. Would you like to have them sent abroad as other doctors?

Colonel BAIRD. I do not see why they should not be.

Mrs. ROGERS. Would you like to have a training school for doctors?

Colonel BAIRD. For psychiatrists?

Mrs. ROGERS. Yes.

Colonel BAIRD. Yes.

Mrs. ROGERS. And for nurses?

Colonel BAIRD. Yes.

Mrs. ROGERS. Would you like to keep some of your doctors civil service?

Colonel BAIRD. I think it would be a drawing card for many of them.

Mrs. ROGERS. Some of your doctors on civil service have put quite a good deal into the retirement fund.

Colonel BAIRD. Yes, they have.

Mrs. ROGERS. It would be fair to have them taken care of.

Colonel BAIRD. Yes.

Mrs. ROGERS. I think in the second Medical Corps bill there is no provision for that. There is in the one I introduced in January.

Colonel BAIRD. Well, I think any Medical Corps bill that might be conceived and passed and go into effect that would comprehend the blanketing in of all physicians regardless of what they might be, would be a mistake.

I think that would be the advantage of the corps, to put into the regular corps maybe only one-tenth at the beginning, and then gradually take on those who in our opinion are worthy of membership.

Mrs. ROGERS. Would you have them promoted on merit?

Colonel BAIRD. Yes.

Mrs. ROGERS. Do you know, Colonel Baird, why the advisory board that was appointed—I do not remember the date, but which Dr. Overholser and Dr. Dublin served upon, has not been consulted since 1939?

Colonel BAIRD. I know nothing about that, Mrs. Rogers.

Mrs. ROGERS. Did you sit in on their council meetings?

Colonel BAIRD. Once. That was about 2 months ago.

Mrs. ROGERS. Well, that is a new board, is it not? Is that not a new board with Dr. Piersol at the head?

Colonel BAIRD. Yes, it is. It is a newly appointed advisory council.

Mrs. ROGERS. So, since the publicity in regard to the veterans a good many innovations have been established in regard to the veterans?

Colonel BAIRD. Well, I am not sure when that advisory council was formed, but I think it was before the *Cosmopolitan* articles were published.

Mrs. ROGERS. But you have been sending your men to clinics and other hospitals since the articles or since the publicity. I do not remember just when the articles were published, myself.

Colonel BAIRD. Well, it so happens that these men were sent to the Army Mason General Hospital, I think in May, and those to the Institute of the Crippled and Disabled in New York in April, and that is about the same time the *Cosmopolitan* articles appeared.

Mrs. ROGERS. I thought they appeared in September and August.

Colonel BAIRD. No; I think it was April and May, or March and April.

Mrs. ROGERS. Last year?

Colonel BAIRD. Of this year.

Mrs. ROGERS. Of this year.

Colonel BAIRD. And the *PM* articles began January.

Mrs. ROGERS. But you have been doing a good deal more recently?

Colonel BAIRD. Yes. We planned it before.

Mrs. ROGERS. Who answers the letters to the managers in the field?

Colonel BAIRD. What was that, Mrs. Rogers?

Mrs. ROGERS. Who answers the Veterans' Administration letters to the managers in the field in charge of your Veterans' Administration hospitals in the field?

Colonel BAIRD. I presume it depends on the subject matter. Some appear over the signature of the Administrator, some over the signature of the Assistant Administrator, and some over the signature of the Medical Director.

Mrs. ROGERS. Have you seen any references saying the doctors in the Veterans' Administration have become cynical?

Colonel BAIRD. Well, I think I have seen several references to it. Referring to their morale being not so good?

Mrs. ROGERS. Yes.

Colonel BAIRD. I have seen reference to that.

Mrs. ROGERS. Because they do not have a chance to practice medicine, due to their other duties.

Colonel BAIRD. Yes. Complaining of paper work, and, being assigned to hospitals that they do not like.

Now, all of those things are very difficult to cope with.

As far as being assigned to neuropsychiatric hospitals is concerned, that is because of the necessity and the need for doctors in our hospitals.

Some of them do not like it, but they are going to have to stay there until we can find some other place for them.

Mrs. ROGERS. But they all complain that they have too much paper work to do.

Colonel BAIRD. Yes, there is a good deal of complaint about that.

Mrs. ROGERS. You also welcome outside consultants?

Colonel BAIRD. Yes; we do; and we are having a great deal of difficulty getting them.

Mrs. ROGERS. Regarding the women's building at Bedford, I do not see where you are going to get the room to put them.

Colonel BAIRD. I did not get the place?

Mrs. ROGERS. Bedford.

Colonel BAIRD. Yes. I think there are some 17 or 18.

Mrs. ROGERS. Now, I was wondering where you are going to put them, because I was there and they had patients in the day rooms, and your day rooms are very much overcrowded.

Colonel BAIRD. I do not know the details of that.

Mrs. ROGERS. NP women's cases. I do not know where you are going to put them.

Colonel BAIRD. They will be in a separate section but I do not know just where it is.

Mrs. ROGERS. I agree with you about food, the food was excellent at Bedford.

Does it not seem to you that the Veterans' Administration ought to have made better arrangements for the care of those many men who are being discharged?

Perhaps that is embarrassing. If it is I will not go on.

Colonel BAIRD. Do you mean as far as beds and the number of patients?

Mrs. ROGERS. Yes; because you must have known what it was going to be.

Colonel BAIRD. That is an administrative matter.

Mrs. ROGERS. I will not ask you that question. That is unfair.

You have stated that you are making arrangements for the out-patient treatment.

Colonel BAIRD. Just as rapidly as we can, Mrs. Rogers.

At Los Angeles we have started—established a mental hygiene clinic.

Mrs. ROGERS. When was that established?

Colonel BAIRD. Within the last couple of weeks we were able to find suitable personnel for it.

Mrs. ROGERS. I think you admit a great deal of Mr. Deutsch's article is correct.

Colonel BAIRD. Yes. You see he struck us at our weakest time.

Mrs. ROGERS. Perhaps that is the reason.

Colonel BAIRD. Just as he did, and Mr. Maisel, they have capitalized over certain weaknesses over which we have had very little control, and they had absolutely nothing to say about our good points.

Mrs. ROGERS. I think Mr. Deutsch did speak a good deal of good points.

What I am trying to bring out is the importance of the immediate care of the veterans.

Colonel BAIRD. The immediate care; yes.

Mrs. ROGERS. We have had experience in World War I and it seems we should not be left in this inadequate state today. I do not know how we are going to answer the men. They are entitled to the care.

Do you know why Dr. Griffith is not here today? It was arranged for him to be here.

The CHAIRMAN. No; it was not arranged for him to be here. I talked with Dr. Griffith last night and he said he could not be here, he had some other commitment.

Mrs. ROGERS. Do you think it would be better to segregate the veterans of World War I and the veterans of World War II?

Colonel BAIRD. I think it would be impossible to do it a hundred percent—you are speaking of mental cases?

Mrs. ROGERS. Yes, and some of the other cases. If you only want to touch on the mental cases it will be all right.

Colonel BAIRD. So far as our hospitals are concerned we are doing it now as much as possible.

In the receiving ward nearly all the patients are World War II patients, because we are getting so few World War I.

And in most of our hospitals, if not all of them, they are attempting to segregate them in the continued treatment buildings.

I know in Little Rock we had half of a building that was filled which World War II patients.

We feel that they are happier together, and the form of activities in which they participate is different than for the older men, and the occupational and recreational programs are separate, largely.

Mrs. ROGERS. Would you consider eliminating entirely the naming of your hospitals where the nervously sick and the mentally sick are, just calling them veterans' hospitals?

Colonel BAIRD. I think it would be a very good thing.

Mrs. ROGERS. There could be no possible objection?

Colonel BAIRD. No.

Mrs. ROGERS. Men today will not go into a NP hospital for that reason.

I know one of the Army doctors told me that they do not want to go out and be discharged and go into a NP hospital.

Colonel BAIRD. Just call them all veterans' hospitals.

Mrs. ROGERS. They think there is a stigma attached. They say there is nothing more cruel or unjust.

Do you feel it is important to have regional offices separate from veterans' hospitals?

Colonel BAIRD. Well, I believe the tendency now is to separate them.

Mrs. ROGERS. It is the tendency, but it is not done, it is always tomorrow.

I speak of Massachusetts, because I am familiar with that.

General HINES. Requested space and the Federal Government did not grant it, so they still have their regional office, and it is very disturbing to the patients, and it is very disturbing to the entire hospital staff.

Colonel BAIRD. I think it is important that they be in the centers of population.

Mrs. ROGERS. They will not give up their quarters, I understand, in the Federal Building. And that is the reason why I should like to have a Cabinet post for the Veterans' Administration. I see no chance now for getting it for a long time, and to my mind it is inexcusable.

The matter of beds that Mr. Congressman Scrivner brought out, the available beds where the patients could go and rest and take naps, it seems to me, Colonel Baird, that there is no reason in the world that your nervous or mentally sick patients should not go and take naps in the beds in the ward. They are available.

It is awfully hard to sit on seats all day. To sit on these seats all day is a little trying.

Colonel BAIRD. I might supplement that.

In the privileged wards the patients have a private room, or two to a room, four to eight to a room, there is a locker in which he keeps his personal belongings, he hangs his clothing behind the bed, keeps his cigarettes and what-not in the locker.

Now, in those wards these patients are permitted to lie down whenever they feel like it.

Most of those men of World War I are rather disabled physically as well as mentally. So that privilege is granted them.

But those on the active treatment wards we feel get enough sleep, that is, on the continued treatment wards, and they are busy all day, either in some recreational or occupational activity, and there is a natural tendency for psychiatric patients to want to loll around if they can find a place to lie down, whether they need to or not, and it makes for rather poor order to permit them to do it.

Mrs. ROGERS. It may be poor order, but it seems to me it is only human to do it.

The poor men that are crippled and almost doubled up, they stay that way all day long, they do not have any comfortable place to rest.

Colonel BAIRD. We allow those——

Mrs. ROGERS. I have never seen them lying in bed.

Colonel BAIRD. Are you speaking now of the psychiatric patients, those who maintain peculiar attitudes?

Mrs. ROGERS. I have seen them in rooms, a mattress on the floor, but I have never seen them lying on what I call beds, and it seems to me that could be done if you had enough nurses to care for them, and, to my mind, it would create a much better impression on the person going through the hospital.

Do you agree with me on that?

Colonel BAIRD. I think in some instances it could be——

Mrs. ROGERS. I understand there is one hospital where the manager does not believe in shackling the men in any way.

Colonel BAIRD. There is a difference of opinion on that among psychiatrists, but I understand that from studies that were made long before I came here, those hospitals where these restraints are almost entirely prohibited, the number of injuries and accidents and assaults is greater than those where restraint is permitted.

I think you are thinking of Coatsville, are you not?

Mrs. ROGERS. I do not remember which hospital it was. In the past I have visited hospitals where I saw no men under restraint.

Mr. BAIRD. You mean veterans' hospitals?

Mrs. ROGERS. Veterans' hospitals. I saw a few in rooms in those hospitals but no man was tied down or in handcuffs or shackles or even restraining sheets.

Colonel BAIRD. Since the influx of World War II veterans, who are for the most part suffering from psychoses in the early stages when the symptoms are acute, it increases the incidence of difficult cases to handle.

So that there are more problems now than there have been for a good many years.

Mrs. ROGERS. You use the continued baths in a good many hospitals?

Colonel BAIRD. Yes.

Mrs. ROGERS. Bedford is pretty well supplied.

Colonel BAIRD. Yes. But sometimes they do not improve in the continued baths.

Mrs. ROGERS. I know one of the outside psychiatrists who visited Bedford felt the reason you had fewer disturbed patients there was because Dr. Adams used the continued baths and the cold pack, too.

Colonel BAIRD. They are using them extensively, but you cannot keep a patient in a pack in a tub all the time, and when he is out he is still disturbed.

Seclusion is an excellent method of handling many of those patients, especially those who have a tendency to undress, strip themselves of their clothing, and others who are physically frail but very active and go around touching other patients. And when they do that it gets on the other patients' nerves and they take a whack at them, and we put them in seclusion to protect them.

And then there are other patients who become disturbed only in the presence of others.

Mr. SCRIVNER. By seclusion do you mean just private rooms?

Colonel BAIRD. Private rooms. Very often the door is not locked at all, just in a room.

Mrs. ROGERS. Have you had any reference that some of the doctors seem to have sort of a fear if they complain of something wrong, of being criticized by the central office?

Colonel BAIRD. Yes, that has been mentioned.

Mrs. ROGERS. And do you feel that the Medical Corps bill would help all that, and give your Surgeon General authority to go ahead and do what he considered best for the practice of medicine?

Colonel BAIRD. I think so. I think it has many advantages. I can see no disadvantage to it.

Under the present arrangement we have to take most anyone that comes along, because that is the way it goes, that is the way it is in civil service.

Mrs. ROGERS. Has the Army sent you its best type of doctor?

Colonel BAIRD. No; I do not think so.

Mrs. ROGERS. They are probably sending you the doctors they do not want.

Colonel BAIRD. I suspect that maybe that may be true.

Mrs. ROGERS. They did not want to give you doctors in the first place, I understand.

Colonel BAIRD. You can be very sure they don't give us any neuropsychiatrists, because they need them so badly themselves that they don't release any.

Mrs. ROGERS. What do you think about bringing neuropsychiatrists back from the old country?

Colonel BAIRD. I have heard that that was mentioned but that the Army would not consent to it.

Mrs. ROGERS. Do you know why?

Colonel BAIRD. No. Unless it is disturbing—

Mr. VURSELL. May I ask a question?

The CHAIRMAN. Are you through, Mrs. Rogers?

Mrs. ROGERS. Yes.

The CHAIRMAN. Go ahead.

Mr. VURSELL. I have not had a chance to be present at all of the hearings because of having to meet before another committee.

Am I correct in assuming, first, that you have trouble in getting the type of attendants, both in numbers that you need and the quality of mentality that you need, beginning at the bottom and going up, the attendants at the veterans' hospitals?

Has there been a shortage of the right quality of people because of the low salaries that have been paid? Has it been difficult to secure that type of help?

Colonel BAIRD. At the present time I should say yes. That is my impression.

Mr. VURSELL. Now, following that a little further, have you had the same trouble in getting, to some extent, the type of physicians, doctors, and so forth, by reason of so many of them being in the war, and by reason of the heavy load in civilian life? Have you had trouble in getting high-caliber efficient doctors sufficiently to staff your organization?

Colonel BAIRD. That is true.

Mr. VURSELL. Now, idealistically, it would be nice to have more day room, more space for patients' rooms where they could lie down away from their wards, and all of those conveniences, but, realistically we cannot have that because we have not been able to build hospitals, construct them and equip them, sufficiently to bring about those idealistic conditions. Is that not true?

Colonel BAIRD. Yes; that is true. I do not think that in the over-all planning for the type of hospital building that is desired that that was in mind at all.

Mr. VURSELL. No.

Colonel BAIRD. Because—I think it has been a psychiatric principle that by and large the mental patients who are able-bodied should be up all day.

Mr. VURSELL. Yes.

Colonel BAIRD. Up and around, doing things, just as we are up and around most of the day.

Mr. VURSELL. Then following that line of thought a little further, some of your physicians object to too much routine work, which is very important in the Government, in establishing the record of your patient in adjudication as to pensions and so forth in the future.

That is a very important economic point that must be taken care of in the Veterans Bureau, is it not?

Colonel BAIRD. That is correct.

Mr. VURSELL. And in other words, while you are short of physicians, yet a great deal of their time must be taken in this routine work which they do not like and which is to some extent out of their line.

Colonel BAIRD. That is true.

Mr. VURSELL. That is unavoidable unless you can train someone that has sufficient knowledge to properly do that work and leave the record clear in the interest of the patient and the Government, and it is very difficult to have men do that who do not have the knowledge of a physician, is it not?

Colonel BAIRD. It is impossible.

Mr. VURSELL. Practically impossible.

Colonel BAIRD. So you are against an impasse that is an impasse. There is nothing you can do about it. It has to be done. Those examinations have to be made.

Mr. VURSELL. Then I think it is fair to say that the Veterans' Administration has been up against a load of work, that they are not fully equipped on the staff, from the top to the bottom, to carry on such work, and that they are caught in this position without any major fault of their own, so far as the Veterans' Administration is concerned.

Is that true or not?

Colonel BAIRD. It is largely true. Largely true.

Mr. VURSELL. Now, in the handling of many thousands of patients, and particularly those in the mental hospitals, ranging something like 48,000, there are going to be some altercations among the patients, and an occasional skinned shin or a black eye, due to some belligerent, mentally sick man.

I think it goes without question that incidents of that kind would happen, throughout the Veterans' Bureau, under the present conditions, and will probably continue to happen under the very best possible supervision.

Colonel BAIRD. That is true.

Mr. VURSELL. And because of the belligerency of some patients, those in charge and close to the problem believe that it is necessary to restrain some of these most belligerent patients, in the interest of themselves, and particularly in the interest of the other patients.

Is that why those restraints are placed on them?

Colonel BAIRD. That is the reason.

Mr. VURSELL. From your observation in the organization for the past number of years, it is your opinion that the Veterans' Administration is doing about the best job it could do under the present state of circumstances that they find themselves surrounded with?

Colonel BAIRD. I think so, sir.

Mr. VURSELL. Is it not a fact that the average physicians in the small towns and cities are able, if they are successful, to make twice or three times as much money as they can make by being employed by the Veterans' Administration?

Colonel BAIRD. Yes; that is true.

Mr. VURSELL. That being true, it makes it more difficult to get just the type of men you would like to have, and to hold them in the service.

Is that not right?

Colonel BAIRD. Yes. I think however there would be—well, there is less—doctors as a class do not seem to pay so much attention to the monetary values as other people, I guess. Of course, some of them are pretty good businessmen, but many of them are more interested in their profession and the clinical aspects of medicine than they are in what they receive in the way of remuneration.

So that—and also I think many of them realize that in the long run throughout the normal span of life, with the retirement privileges, perhaps they are as well off, if not better, at the tail end of things than they would have been had they been in practice, too, through good years and bad years, depressions, and what not.

So in a way it sort of averages up, and the physician who belongs to an organization, whether it is the Army, the Public Health, or the Navy, or the Veterans' Administration, or what not, probably he is just as well off financially at the end as he would be had he been in practice all these years.

Mr. VURSELL. If you care to, answer this question: Do you feel that the articles that have been written calling attention to certain defects in the Veterans' Bureau, that these articles have greatly overplayed the real conditions that exist in the veterans' hospitals?

Colonel BAIRD. Very much so.

Mr. VURSELL. It struck me from reading the articles that it would be an easy matter in any organization involving thousands of patients for anyone to go through these institutions and to pick out some cases and greatly overplay them, completely overlooking the 99 percent of splendid work that was being done by those in charge of the Veterans' Bureau.

I do believe there is always room for improvement, but I think it is difficult to get improvement when you cannot get additional space, additional facilities, additional help, to take care of the load which is continuing to increase all the time and which load is being thrown on the Veterans' Bureau.

That is all, Mr. Chairman.

The CHAIRMAN. Well, Doctor, I want to get back to some of these questions Mrs. Rogers asked you awhile ago.

She talked about the need for doctors in the various hospitals.

I note that in NP hospitals, the veterans in NP hospitals, we have an average of 1 doctor for every 116 patients.

I note in the State hospital in Massachusetts at Danvers they have 1 doctor for every 314 patients.

Colonel BAIRD. Yes, sir.

The CHAIRMAN. And at the Metropolitan Hospital in Massachusetts, a big hospital, have 1 doctor for every 268 patients.

And at the Northampton State Hospital in Massachusetts they have 1 doctor for every 236 patients.

In every one of those institutions they have more than twice the number of patients per doctor as we have on an average in the veterans' NP hospitals.

Now, let us move over a little further to the registered nurses.

Mrs. ROGERS. Mr. Chairman, right at that point I just have a statement.

The CHAIRMAN. Just for a moment.

Mrs. ROGERS. Dr. Adams at the Bedford Hospital which is a veterans' facility in my district, said that while they have more doctors in the Veterans' Administration hospital per patient capita than they do in the State institutions, because of the paper work they do not have as many doctors to take care of the patients in the veterans' facility.

The CHAIRMAN. Well, the paper does not involve that much work.

I practiced law when I was a young fellow without a clerk. And I have looked through about as many of these documents as any other Member of the House.

Now then, let us come to the registered nurses.

I am not taking any of the other States; I am just taking the State of Massachusetts, these three hospitals that have been reported here.

Now, in the NP hospital we have 1 nurse for every 36.6 patients.

That is in the veterans' hospital.

The Danvers Hospital in the State of Massachusetts—that is a State hospital—they have 1 nurse for every 183 patients.

In the Metropolitan State Hospital in Massachusetts they have 1 nurse for every 177 patients.

And in the Northampton State Hospital they have 1 for every 30 patients.

So in all of them except the Northampton State Hospital they have several times, on an average of more than five times—about five times—as many patients per nurse as we have in the veterans' hospitals.

Now, let us see about the attendants.

In the veterans' hospitals, NP hospitals, we have 1 attendant for every 6.17 patients.

That is in the veterans' NP hospitals.

In the Danvers Hospital in Massachusetts they have 1 attendant for every 16 patients.

Now, I do not think it would be contended that these nurses and these attendants have extra paper work to do.

In the Northampton State Hospital they have 1 attendant for every 12 patients.

And in the—that is the Metropolitan State Hospital.

In the Northampton State Hospital in Massachusetts they have 1 attendant for every 30 patients.

Now, let us move over and see about the cost of the food.

In the veterans' hospital cost of the raw food before it is prepared:

Per patient per day it is 47.5 cents each.

And in the Danvers State Hospital in Massachusetts it is only 28 cents.

In the Metropolitan State Hospital it is only 30 cents.

And in the Northampton State Hospital it is only 25.45 cents.

So, taking the entire picture, I submit that the veterans' hospitals do not suffer by comparison, either in the number of doctors, number of nurses, or the number of attendants, per patient, in comparison with the mental hospitals in the State of Massachusetts.

I want to bring that out because of the criticism that has been leveled here.

Mrs. ROGERS. Will the Chairman yield?

The CHAIRMAN. Yes. Yes.

Mrs. ROGERS. It is true they have more tubs for continuous baths in the veterans' hospitals than they do in State hospitals.

But I maintain that we ought to have the very best and highest care we can get for our veterans.

The CHAIRMAN. Well, I think before you commence leveling these charges at the Veterans' Administration you might compare them with the hospitals on the outside; I know of no better comparison than this comparison right here, and especially when it comes to the facilities of the State of Massachusetts.

I want to bring those facts to the attention of the committee and get them in the record, because they show that conditions are far more favorable in the veterans' hospitals than they are in the State mental hospitals in your State.

And the same comparison of them will hold pretty good in practically every State in the Union.

Mrs. ROGERS. Will the Chairman yield there?

The CHAIRMAN. Yes.

Mrs. ROGERS. You feel that the doctors in the State hospitals have a better chance to practice medicine, because they have men coming in and going out, men affiliated with other hospitals, some of your greatest mental experts, psychiatric experts, you have them in to do training in the State hospitals?

Colonel BAIRD. Yes; I think that is true. Interns and residents, of course, are very stimulating to the staff of any hospital.

They make the older men sit up and take notice and realize that there are a lot of things they do not know.

It is also good for these young men to get the experience, and it is also a fine thing—would be, for the Veterans' Administration, because then we could observe these men over a period of 18 months or 2 years while they are interning, decide whether or not we want them to come in with us.

Mrs. ROGERS. You can take the cream then.

Colonel BAIRD. Yes.

Mr. SCRIVNER. May I make some inquiries?

The CHAIRMAN. Yes.

Mr. SCRIVNER. Can you tell us, Doctor, why we do not have interns in Veterans' Administration hospitals?

Colonel BAIRD. Well, I believe because in the past it has been—in the first place I think interns have—hospitals have to be approved for internships.

Mr. SCRIVNER. By whom?

Colonel BAIRD. I believe—I have this marked down here; it is something I know very little about—I had to get the information from somebody else, but I think it is the Association of Medical Colleges or something.

Mr. SCRIVNER. In other words, that association does not rate the veterans' hospitals as being a proper place for internship?

Colonel BAIRD. Well, it is because we have not, up to now, had enough women patients, therefore they—they have no obstetrics or gynecology, and an intern must have a well-rounded service.

We have treated men almost altogether.

It will be different after this war.

Mr. SCRIVNER. You will get some women patients.

Colonel BAIRD. Yes. But up to now it has not offered a full all-round service, and doctors to be eligible for State board examinations, as I understand it, must have a well-rounded internship to be eligible to apply for State board examination.

Mr. SCRIVNER. In other words, it is due not to any inadequacy on the part of the service offered in veterans' hospitals.

Colonel BAIRD. Oh, no; not at all.

Mr. SCRIVNER. But rather the type of patient to be found there as compared with your general medical surgical private hospital.

Colonel BAIRD. That is correct, sir.

The CHAIRMAN. Will the gentleman yield?

Mr. SCRIVNER. Yes.

The CHAIRMAN. It want to call your attention to another thing.

We have 42,897 beds and 40,022 patients, which shows a surplus of about 2,900 beds.

Now, there is one hospital here that gives the number of beds and number of patients, in Massachusetts. That is the Metropolitan State.

They only have 1,600 beds and have 2,100 patients. In California they have 21,558 beds in their State mental hospitals and have 24,830 patients.

And also, in Texas—I mean in Creedmore, N. Y.—they have 4,142 beds, 4,920 patients; which shows a far greater overcrowding in these State institutions than is shown in the veterans' hospitals and, strange as it may seem, both of these men who have been writing these articles criticizing the Veterans' Administration come from that area of the country, that section of the country.

Colonel BAIRD. That is right.

Mrs. ROGERS. Will the gentleman yield?

The CHAIRMAN. Yes.

Mrs. ROGERS. You have a good many veterans in the State hospitals also. That helps to overcrowd them.

Colonel BAIRD. I do not know how many.

Mrs. ROGERS. I think there are a good many.

The CHAIRMAN. I am frank to confess I do not think we have any veterans in our State hospital in Mississippi.

Massachusetts has just about exactly twice as many people as Mississippi has.

Mississippi has 4,700 patients in her mental hospitals in the State, and Massachusetts has 24,700; which shows a much greater proportion in that area than we have in Mississippi.

And New York has 76,000.

Now, I do not know what the trouble is, but I do not think these are veterans that are swelling that load in those mental hospitals in that area. I think the veterans are going to veterans' hospitals. That is my understanding.

Mrs. ROGERS. The veterans' hospitals are overcrowded in Northampton. Those are all in Massachusetts.

The CHAIRMAN. That may be, but not as badly as in the metropolitan State hospitals. You seem to have the overcrowded condition up there in all mental institutions. It is much greater in the State institutions than it is in the veterans' hospitals throughout the country.

Do you want to take up the other point now?

Mr. SCRIVNER. I want to finish my questions, if I may.

The CHAIRMAN. All right, Mr. Scrivner.

Mr. SCRIVNER. Doctor, whether these articles had any foundation of truth at all, or whether they were merely exaggerations, they did cause some of us in the Veterans' Administration and those of us concerned in the matter to make a self-inventory to see what they really had, did they not? Would your answer to that question be "Yes" or "No"?

Colonel BAIRD. Well, I would say "yes". I think that whenever we are attacked we do that. I think it is sometimes a good thing.

Mr. SCRIVNER. As a result of these articles, it has caused some of us to give a little more thought to the situations existing and to give some thought, whatever we found wrong, to make some remedy?

Colonel BAIRD. That is true.

Mr. SCRIVNER. I do not think that any of us liked them. I know I did not. But they did make us do a little serious thinking.

Colonel BAIRD. Yes.

Mr. SCRIVNER. As a result of that serious thinking and the making of the self-inventory, did you, in thinking over the situations that

exist in our NP hospitals, find anything that existed which you thought should be changed, that can be changed immediately—I mean without thought of going into a reorganization by the Surgeon General, or whatever it may be? In your capacity as assistant director, did you find anything that you yourself can suggest right now that can be changed that will improve conditions generally?

Colonel BAIRD. Well, I can think of nothing specific. I might say this, though, that a number of the weaknesses that were commented upon in the press and brought to our attention have been known to us for some time, since the war, particularly.

Mr. SCRIVNER. And had steps been taken to correct those weaknesses—strengthen them?

Colonel BAIRD. As far as we could go.

Mr. SCRIVNER. The big thing, of course, is manpower shortage, is it not?

Colonel BAIRD. That is the big thing.

Mr. SCRIVNER. Both in doctors, nurses, dining room orderlies—

Colonel BAIRD (interposing). All classes of personnel.

Mr. SCRIVNER. Have you any idea, from your own experience and your own observation in the various hospitals, or reports which you have seen, of about how much time a day each day, in your NP hospitals particularly—how much time each one of these doctors must put in on what we call paper work?

Colonel BAIRD. I have some statistics from a number of hospitals. I do not know whether I have them here or not. But it is not as much time as one would think. For example, the paper work that they must do might be summed up about like this: They take histories; they make examinations—physical, neurological, mental; they write summaries; write progress notes on the cases, which is a medical matter and cannot be done by anyone but a doctor. Private physicians have to do that. They have to answer correspondence having to do with patients, and the doctors have to do that. That cannot be delegated to anyone. They have, up until recently, had to serve on boards of inquiry concerning investigation of cases of alleged injury, abuse, and that sort of thing. But I think that we have finally found the solution for that.

Mr. SCRIVNER. And what is your solution on that?

Colonel BAIRD. We are going to have, in our large hospitals, a person who is trained as an investigator. He is not going to be a doctor. And he is going to assemble all data having to do with the investigation and assembling the witnesses, and conduct the hearings. Some of the witnesses will likely be doctors, nurses, and other hospital personnel. It will necessarily take their time because that cannot be avoided. But the actual reporting of the investigation will be handled by this fellow. That will relieve our doctors of spending so much time on these boards, which, I believe, is a step in the right direction.

Mr. SCRIVNER. There has been some reference made here to the voluminous regulations. I think that we can admit that they are fairly voluminous. Have you any thought or suggestion whereby possibly those regulations might be simplified in some way?

Colonel BAIRD. I only have a personal viewpoint about it, and that is that I think perhaps a lot of the detail might be left out in many of them, and they could be simplified.

Mr. SCRIVNER. They do circumscribe, to a certain extent, the independence of action of the men in the field—is that not true—by the fact that they are so minutely detailed that a small deviation from that detail would be a deviation—

Colonel BAIRD (interposing). That is true.

Mr. SCRIVNER (continuing). And yet not be serious either?

Colonel BAIRD. Yes.

Mr. SCRIVNER. I just have one more question.

I have been thinking about it since you started talking about it this morning. We have made several references to out-patient treatment for these NP cases, either at the hospital or possibly at the regional office, or wherever it may be. What do you mean by "out-patient treatment?" Of what does it consist and to what type of cases does it relate?

Colonel BAIRD. First of all, the type of cases that would be treated in out-patient rehabilitation clinics or mental hygiene clinics or psychiatric clinics would be psychoneurotics.

Mr. SCRIVNER. Those are the ones less seriously disturbed?

Colonel BAIRD. That is right—the so-called functional cases, who desire help. Those men could come to these out-patient clinics where they would be received by a social worker who would take down the essential points in the man's history.

Mr. SCRIVNER. That would be his first step?

Colonel BAIRD. That would be his first step. Then he would be referred from him to a psychologist for indicated tests—aptitude, intelligence, emotional, rorschach, and what not. Then he would be referred to the psychiatrist last for an interview. The psychiatrist would have the history and these tests before him. As I said a little while ago, the psychiatrist would attempt, through certain techniques, to delve into this man's conflicts and difficulties and problems and try to air them for him. Many of them are unconscious conflicts, and through these interviews, which might be scheduled once a week or twice a week or not so often, this individual would gradually realize the nature of his condition through the instilling in him of greater insight on the part of the understanding psychiatrist. The advantages of that sort of an arrangement would be many, of course.

First of all, according to modern psychiatric concepts, it would tend to decrease the incidence of chronic mental trouble. It might cure the man so that he would not need any more compensation to lean on—support—make him a useful member of society. It would have to be on a voluntary basis, and, under the present laws, we can only treat the service-connected cases.

Unfortunately, in many communities the Veterans' Administration cannot reach them because we have no facilities.

Mr. SCRIVNER. Too remote?

Colonel BAIRD. Too remote.

So, in those instances, these men would have to be treated by designated physicians paid by the Veterans' Administration, or by recognized mental hygiene clinics that are organized and operated about the way we hope to operate ours when they are established.

Mr. SCRIVNER. You mentioned one thing that leads to my last question. You made the statement about pensions to lean on. What is your view of pensions for these mentally afflicted veterans?

Colonel BAIRD. Well, I believe that my view is about the same as the view of most men who profess some knowledge of psychiatry, and

that is that it is not such a good thing to compensate psychoneurotics, especially this vast army of mild ones. The mere fact of giving a man money because he is a psychoneurotic convinces him that he is ill, does it not?

Mr. SCRIVNER. It might, but not necessarily.

Colonel BAIRD. Not necessarily.

Mr. SCRIVNER. In other words, as I have always viewed the matter of compensation—and I prefer to call it compensation rather than a pension, because compensation denotes a payment for something that is justly due, where pension has more the odium of a gift to it. As I have viewed the matter of compensation, it was to remunerate, at least in part, for the shortcomings that the man had in making his way in the world. In other words, due to the fact that he is mentally disabled, he does not have the opportunities for employment that another man would have.

Colonel BAIRD. That is fair.

Mr. SCRIVNER. He cannot carry on the same kind of work and his income would thereby be decreased. So that the compensation, in part, makes up for that. For that reason, to me, it would not mean that merely because a man is receiving compensation that that would be any added proof that he was sick or mentally deranged.

Colonel BAIRD. I have heard it said that if some sort of arrangement could be made to give a psychoneurotic an irreversible pension—

Mr. SCRIVNER. What do you men by an "irreversible pension"?

Colonel BAIRD. I mean that his improvement under treatment would not cut him off entirely. Then he would feel more like going to a psychiatrist for advice. Whereas, under present arrangements, there is that feeling on his part, "If I get better they are going to cut me off." So he stays away from advice. Of course, that is not true altogether, but I suspect it is true in many cases.

Mr. SCRIVNER. On the other hand, would it not be true, too, that if these men were not compensated, the fact that their income was a little short of their requirements, due to their disability, there would be that element of aggravation that might increase their difficulty, due to the fact that they are worrying constantly about their financial condition?

Colonel BAIRD. That is true.

Mr. SCRIVNER. Where are we going to reach—

Colonel BAIRD (interposing). A happy medium? I do not know. Maybe we cannot improve on the present scheme. I do not know.

Mr. SCRIVNER. The reason that I asked you that was due to the fact that in two instances recently I had doctors in veterans' hospitals make the bald assertion that these men should not have compensation, that it was harmful; and my own personal view was that those doctors, having that, I suppose, sincere belief, certainly when the man came up for rating and those men were sitting, possibly, on the rating board, your veteran was not going to get a very good break on his compensation.

Colonel BAIRD. That is right.

Mr. SCRIVNER. That is, if they felt he should not have it.

Colonel BAIRD. It would naturally affect their estimate of his disability.

Mr. SCRIVNER. In view of that, then, would it seem fair and proper to rule that men who have expressed those views should not have anything to do with the rating of veterans coming before them, particularly on the mental cases?

Colonel BAIRD. One would think so; yes.

Mr. SCRIVNER. That is all.

Mr. McQUEEN. In regard, Dr. Baird, to the clinics of which you spoke as being set up, were these clinics planned and set up prior to the time of these articles, or after the time of these articles?

Colonel BAIRD. Oh, long before.

Mr. McQUEEN. They were set up long before these articles were printed?

Colonel BAIRD. Yes. They were being planned long before that.

Mr. McQUEEN. Another matter that came up here about hospitals known as NP hospitals, or asylums, or whatever you call them. Is that designation placed upon other veterans' hospitals other than in the classification used in the central office and by you gentlemen in a professional way?

Colonel BAIRD. No. They only come to be known as that in the local community. They call all veterans' hospitals facilities now, which is an all-inclusive term.

Mr. McQUEEN. Because it is designated by the central office as a neuropsychiatric hospital there is no stigma placed on it, or it is not generally known as an insane asylum, is it?

Colonel BAIRD. Not except in the local community. It is known as a hospital for mental cases.

Mr. McQUEEN. It is not so designated by you except in a technical way, is it?

Colonel BAIRD. That is all.

Mr. McQUEEN. Now, Dr. Baird, you have written a report in answer to the April issue of Cosmopolitan magazine which dealt with the NP hospitals, written by Mr. Maisel. I want for the benefit of this committee, if you have a copy of it, you to read that report as hurriedly as you care to, so that they may get your ideas of what has been done.

Colonel BAIRD. It is kind of a long report.

The CHAIRMAN. Before you leave this other point, this paper work about which they are talking, that takes up some time, of course. But do you not think that it also helps to familiarize the physician with the patient's case?

Colonel BAIRD. Oh, yes.

The CHAIRMAN. And it keeps him abreast of that patient's condition?

Colonel BAIRD. Anything that a physician has to make a record of is helpful to him, I think, and I think that if we survey some of the best hospitals in the country, like Massachusetts General, or Peter Bent Brigham, or John Hopkins in Baltimore, you will find that the records there are voluminous.

The CHAIRMAN. They keep a strict record?

Colonel BAIRD. A very, very careful record.

The CHAIRMAN. The chances are that in those instances the doctors do as much paper work per patient as they do in a veterans' hospital?

Colonel BAIRD. I suspect so. I know that when I was an intern in the Johns Hopkins hospital I had a tremendous amount to do. I did most of it at night.

The CHAIRMAN. You made another observation awhile ago that interested me very much, and that is about the veteran recovering more rapidly if he knew that his compensation would not be reduced. Now, under the old pension system, which, frankly, I wanted to be adopted after the First World War, a Spanish-American War veteran or a World War veteran, when he went on the pension roll, his pension was fixed for life.

Colonel BAIRD. Yes, sir.

The CHAIRMAN. And, therefore, his recovery had little or no effect on it.

Colonel BAIRD. No effect at all.

The CHAIRMAN. I would like for you at some time to check up and see what percentage of Spanish-American War veterans of the same age are in mental hospitals with the World War veterans.

Colonel BAIRD. Yes, sir.

The CHAIRMAN. And what percentage of recovery has been.

Colonel BAIRD. I think that a comparison along that line would be very informative, and it would be very interesting. I will look that up to see what we can find on that.

The CHAIRMAN. All right. Go ahead, Doctor.

Mr. McQUEEN. Go ahead, Doctor.

Colonel BAIRD. Shall I start at the beginning?

Mr. McQUEEN. Yes. Go right from the beginning.

The CHAIRMAN. By the way, I might call your attention to the fact also that when the Pension Bureau and the Veterans' Administration were consolidated, my recollection is that the cost of operating the Pension Bureau was only \$3,000,000, and the cost of operating the Veterans' Administration was about \$43,000,000. Under the old system, the pension system, as against this compensation system with its right to rerate, the old pension system was much more economical from an administrative standpoint. I am not criticizing the Veterans' Administration when I say that. I say that it is the system that is responsible for a good deal of the overhead expense.

Colonel BAIRD. That is right.

The CHAIRMAN. All right, Doctor.

Mr. McQUEEN. You can start with the second paragraph, if you wish.

The CHAIRMAN. Just a moment. It is now nearly 3:30, and they are going to meet on this bill under the 5-minute rule at 3:30. I wonder what the committee would think of having the doctor suspend here and take it up in the morning.

Mr. SCRIVNER. It is quite lengthy; is it not?

Colonel BAIRD. It is 33 pages.

Mr. SCRIVNER. I think that that would be better, rather than to have it interrupted.

The CHAIRMAN. That is right.

It that satisfactory with the committee?

Mrs. ROGERS. It is with me, Mr. Chairman.

The CHAIRMAN. Then Doctor, will you be back at 10 o'clock tomorrow?

Colonel BAIRD. Yes, sir.

(Whereupon, at 3:30 p. m., a recess was taken to 10 a. m., Thursday, June 7, 1945.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, JUNE 7, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION.
Washington, D. C.

The committee reconvened at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order.

Dr. Baird, are you ready to proceed with your statement?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. Do you have extra copies of your statement, Dr. Baird?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. May we have some of them?

Colonel BAIRD. Mr. Rankin, I am sorry; we did not get enough to go around the whole committee, but we are having those made, and they will be ready in a day or so.

The CHAIRMAN. Do you have any extra ones at all?

Colonel BAIRD. Yes; I have one extra copy here.

The CHAIRMAN. Suppose you turn it over to the press gallery.

Mr. SCRIVNER. Mr. Chairman, before the doctor goes on to the statement this morning, may I ask him just one or two questions?

The CHAIRMAN. Yes.

Mr. SCRIVNER. Dr. Baird, what, in your opinion, based upon your years of experience, would you say would be the proper ratio of doctors to patients in the NP receiving wards?

Colonel BAIRD. In the receiving wards?

Mr. SCRIVNER. Yes.

Colonel BAIRD. The receiving ward in a large neuropsychiatric hospital usually has between 50 and 60 beds, therefore 50 or 60 patients.

Mr. SCRIVNER. All right.

Colonel BAIRD. And that is under the charge of one physician. Sometimes he has an assistant; sometimes he does not. But on the receiving ward, where the newly admitted patients come in, each patient is assigned to a doctor in rotation on the staff for examination, so that it results in there being three or four physicians on the receiving ward almost all the time, interviewing patients.

Mr. SCRIVNER. That being true, you feel, then, that there should be a ratio of about 1 doctor to 10 patients?

Colonel BAIRD. On the receiving ward, that is about what it amounts to.

Mr. SCRIVNER. Then what should your ratio of doctors to patients be in your privileged wards?

Colonel BAIRD. I think one physician for the group is perhaps sufficient.

Mr. SCRIVNER. And how many will be in the average privileged ward?

Colonel BAIRD. Well, in a 1,500-bed hospital there would be approximately 150 patients.

Mr. SCRIVNER. So one doctor, with this particular type of patient, to 150 can give them every bit of medical care and supervision necessary?

Colonel BAIRD. Yes, I think so.

Mr. SCRIVNER. What would be the ratio in your continuous-treatment wards?

Colonel BAIRD. Well, about one physician to a building. That is about 150 or 160 patients.

Mr. SCRIVNER. Now, for the purpose of the record, why would one physician to that large number of patients be sufficient in your continuous-treatment wards?

Colonel BAIRD. Because the patients in the mental hospital in a continuous-treatment building require very little medical attention—that is, direct medical attention—from the doctor, other than in psychotherapeutic interviews from time to time, and, of course, medical attention when required.

Mr. SCRIVNER. Of course, in that same hospital they would have other wards which would be available for any acute illness that would arise?

Colonel BAIRD. That is true.

Mr. SCRIVNER. In other words, if one of these patients under continuous treatment would develop, say, appendicitis—

Colonel BAIRD (interposing). Yes.

Mr. SCRIVNER (continuing). There would be a surgical ward in that hospital where he would be treated?

Colonel BAIRD. Yes.

Mr. SCRIVNER. Largely, then, the duty of the doctor in charge of the group of 150 continuous-treatment patients is, again, supervisory?

Colonel BAIRD. Largely so.

Mr. SCRIVNER. We have talked of the receiving ward, the privileged ward, the continuous treatment wards. Are there any other wards in these NP hospitals that we have not mentioned?

Colonel BAIRD. Yes; there are two other main services.

Mr. SCRIVNER. What are they?

Colonel BAIRD. One is infirmary service.

Mr. SCRIVNER. What is infirmary service?

Colonel BAIRD. Well, that has been—you might divide that into two parts: One, the general hospital section, where the acutely ill among the hospital population are treated for colds, pneumonia, surgical conditions, various anemias, diabetes, and what not—whatever the condition might be; and then there is the general infirmary service, which includes those dilapidated mental patients who are also under par physically and require considerable nursing attention. I should say the ratio of doctors on that ward should probably be greater.

Mr. SCRIVNER. What do you think the ratio in this general infirmary should be?

Colonel BAIRD. On the general infirmary ward—general infirmary service—there is a physician in charge of the whole service and ordinarily he has an assistant, and sometimes two.

Mr. SCRIVNER. What should the ratio be—about one doctor to what?

Colonel BAIRD. I should say not less than 1 to 75.

Mr. SCRIVNER. All right.

Colonel BAIRD. Sixty or seventy-five.

Mr. SCRIVNER. What should the ratio be in the infirmary for the acutely ill?

Colonel BAIRD. Perhaps about the same. However, I might mention that the American Psychiatric Association is on record as recommending a greater percentage of doctors and nurses and aides of all kinds on the acute services of our various hospitals in order to give more individual attention. Of course, the more physicians we have and the more nurses, the more aides, the more individual attention can be given to patients, and the less restraint one has to use, perhaps, on the acute service, by giving the patient more individual, direct attention—professional attention.

Mr. SCRIVNER. I think that that gives me the point that I want.

The CHAIRMAN. Are you through, Mr. Scrivner?

Mr. SCRIVNER. Yes.

The CHAIRMAN. Doctor, before you take up the discussion of the Maisel articles, I want to ask you a question or two about your background.

Colonel BAIRD. Oh, yes.

The CHAIRMAN. You said that you practiced medicine in Virginia. Are you a native of Virginia?

Colonel BAIRD. No. I am a native of Ohio.

The CHAIRMAN. Whereabouts in Ohio?

Colonel BAIRD. Zanesville, Ohio, and Newark, Ohio.

The CHAIRMAN. You were born in Ohio?

Colonel BAIRD. Yes, I was born in Ohio.

The CHAIRMAN. Where were you educated?

Colonel BAIRD. Well, I took my academic training at Kenyon College, Gambier, Ohio. I got my bachelor's degree there. And I got my medical degree from Johns Hopkins, in Baltimore.

The CHAIRMAN. You say that you were in the Medical Corps in the last war?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. And after the last war was when you went to Richmond?

Colonel BAIRD. After that I went to Richmond.

The CHAIRMAN. Richmond, Va.?

Colonel BAIRD. Richmond, Va., and practiced general surgery and neurological surgery.

The CHAIRMAN. For how long?

Colonel BAIRD. About 2 years.

The CHAIRMAN. And from there you went into the Veterans' Administration?

Colonel BAIRD. From there I went in full time. I was also a consultant for the United States Public Health Service in neuropsychiatry at the same time.

The CHAIRMAN. Were you placed in the Veterans' Administration on anybody's patronage?

Colonel BAIRD. No, sir.

The CHAIRMAN. How did you get there? According to this article in PM, this Communist who wrote these articles in PM says that you would have to get a place in the Veterans' Administration by patronage. How did you get in?

Colonel BAIRD. I made an application for a commission in the Public Health Service and got it without difficulty. There was no patronage.

The CHAIRMAN. And you were transferred, then, to the Veterans' Administration?

Colonel BAIRD. To the Veterans' Bureau.

The CHAIRMAN. And subsequently to the Veterans' Administration. How long have you been in the Veterans' Administration?

Colonel BAIRD. Oh, it is since 1921—24 years.

The CHAIRMAN. That is all, Doctor. I just wanted to find out and to get your background into this record.

Colonel BAIRD. All right.

Mr. RAMEY. I might say, Mr. Chairman, that the classical course at Kenyon College is recognized as about the best in the country.

Colonel BAIRD. It is a very small college—just for men. We had a good time there, too.

Mr. RAMEY. You were not there at the time of the Stewart Pierson episode, were you?

Colonel BAIRD. No. That was before my time.

The CHAIRMAN. Doctor, you may proceed.

Mr. RAMEY. I might say, Mr. Chairman, that most of the Episcopal clergymen of the country come from Kenyon College.

The CHAIRMAN. They do?

Mr. RAMEY. Yes.

Mrs. ROGERS. It must be a good college, then.

Colonel BAIRD. It is.

The CHAIRMAN. I always understood that Ohio had good colleges.

Mr. RAMEY. It has the best in the country.

The CHAIRMAN. You may proceed, Doctor.

Colonel BAIRD. This statement has to do with my reaction to the Cosmopolitan article, which appeared in the April issue, which constituted an attack against the neuropsychiatric service of the Veterans' Administration.

The CHAIRMAN. Off the record a moment.

(Off-the-record discussion.)

The CHAIRMAN. All right, Doctor.

Colonel BAIRD. Before answering the many allegations made by Mr. Albert Q. Maisel in his second article, entitled "Third Rate Medicine for First Rate Men," published in the April issue of the Cosmopolitan, I should like to advise you that I have had ample opportunity and experience to obtain sufficient knowledge to speak on the subject matter and to point out why, in my opinion, the articles by Mr. Maisel should be entitled, "Third Rate Lying and Slander for Money and Undisclosed Purposes," instead of "Third Rate Medicine for First Rate Men." If in doing this I evidence considerable bitterness, you will pardon me because it is my natural reaction to this type of malicious sabotage of work well done under very trying circumstances.

I naturally resent Mr. Maisel's personal insinuations. However, this is not the cause for my bitterness. It is the needless and malicious irreparable injury done to the peace of mind of the thousands of veterans whose sufferings the Veterans' Administration has honestly, faithfully, and efficiently tried to alleviate, to their relatives and friends, and also the injury to the morale of the thousands of faithful employees who have toiled long hours and at times under great handicaps, to say nothing of the effect of such articles on those millions who are still members of the armed forces.

My training, experience, and knowledge of the manner in which Veterans' Administration hospitals are operated and the various treatment methods employed, especially in our neuropsychiatric hospitals, enable me to brand Mr. Maisel's articles as gross distortions of the truth, half-truths, and malicious falsehoods with malignant purposes and results. I might add at this time that half-truths are frequently more misleading and more harmful than outright falsehoods. I also believe that any fairly well-informed, intelligent person without personal knowledge as to the operation of Veterans' Administration hospitals would be fully justified in making the same appraisal of Mr. Maisel's articles from merely reading them as I have made.

The CHAIRMAN. May I interrupt you there, Doctor?

Colonel BAIRD. Yes.

The CHAIRMAN. You heard Mr. Maisel's testimony, did you not?

Colonel BAIRD. I heard a part of it.

The CHAIRMAN. You realize that he got exempted from the draft in order that he might—or under the pretense that he was a writer.

Colonel BAIRD. I did not know that.

The CHAIRMAN. And that he was engaged in necessary employment.

Colonel BAIRD. I did not know that.

The CHAIRMAN. He was in II-A, and that is what II-A means. You do not get II-A unless you ask for it.

I wondered if you thought that Mr. Maisel gained his escape from the draft legitimately.

Colonel BAIRD. Well, I wonder. It makes one wonder, does it not.

The CHAIRMAN. It makes me wonder, especially in the light of all the injury to the American morale that these articles have caused, and to the service rendered to the veterans.

Go ahead.

Colonel BAIRD. I shall now point out a few of the things which enable me to say that Mr. Maisel's articles are a composite of half-truths, falsehoods, and contortions of facts. First, the Veterans' Administration has had the largest hospital organization in the world for more than 20 years; second, there have been more than 3,000,000 admissions to and discharges from these hospitals; third, no other hospitals are subjected to the same official and unofficial inspections, surveys, and investigations; fourth, no hospitals serve a more critical clientele; fifth, all of the physicians in these hospitals have qualified for their positions under civil service and most of them are veterans; the nurses are graduate registered nurses; practically all physicians, nurses, technicians, and attendants have sons or near relatives in the armed forces; and sixth, at no time has there been any widespread or organized dissatisfaction among the patients, and practically all sporadic isolated group complaints have been traced to a busybody, like Mr. Maisel, whose motive has been other than the welfare of the patients.

Now, if conditions as alleged by Mr. Maisel existed, you and the public would have known of them months before he wrote his articles. It is to me inconceivable that such conditions could exist without you and the public knowing of them, with representatives of ex-service organizations visiting these hospitals regularly, representatives of the American College of Surgeons making annual surveys of these hospitals, Red Cross representatives on duty at many of them, and Gray Ladies ever present to assist disabled veterans in a myriad of ways.

It has always been my experience that if conditions were bad at a hospital and if corrective action seemed indicated, it was not necessary to lie and exaggerate the conditions in order to effect needed changes. Do not understand that I am contending that the care and treatment of our patients at this time is all that we desire and that no changes are indicated and no improvement can be made. Progressive medicine calls for continuous change and improvement. What I am telling you is that we are not practicing third-rate medicine. Of course, we have crowding at some of the hospitals, but not unhuman, deplorable overcrowding. We have employees who do not measure up to our high standards, but is it our fault that the Japanese bombed Pearl Harbor? No Federal agency has lost a higher percentage of valuable trained personnel to the armed forces and war plants than the Veterans' Administration. Approximately 400 physicians, innumerable nurses, technicians, dietitians, and attendants have left us since we entered the war. They were replaced, so far as possible, but with inexperienced personnel and in some instances with inefficient, unqualified personnel. It has not been a matter of selecting personnel to replace the employees who left us to enter the armed services or to work in war plants. It has been a matter of accepting any personnel that could be obtained. Attendants too old to perform such duties and in some instances in their seventies have been employed, which should be sufficient to prove how difficult it has been to recruit personnel of any kind. And it has been next to impossible to obtain a sufficient number of trained nurses. It is true that recently the Army has released physicians to us but these physicians generally cannot replace the ones we lost because they do not have the necessary training and experience for our work.

It is also true that the Army has furnished soldiers for attendants, but here again, they are inexperienced and not capable of replacing the ones we lost. The losses of trained personnel have to some extent lessened the high degree of physical care given our patients but have not lessened the high quality of medical treatment which has been maintained even with shortages in professional personnel. Patients in our hospitals are very fortunate in that they are not dependent upon any one physician for their treatment. They have the benefit of the entire medical staff before which body each case is carefully analyzed before a full treatment plan is decided upon.

Now, I shall deal with specific allegations. The first allegation to be commented upon is this one:

That more than 10,000 mental cases of World War II have been "shoehorned" in beside nearly 30,000 from World War I in overcrowded wards, while thousands more wander in cities completely untreated or cynically discharged as "unimproved."

It is true that thousands of mental cases from World War II have been admitted to our various neuropsychiatric hospitals since Pearl Harbor. It is also true that there has been some crowding, but such

crowding has not reached serious proportions anywhere. The space allotted patients in our neuropsychiatric hospitals is and always has been more than usually provided by State hospitals, and because of this liberal space allotment for each patient prior to the present war, we have, during this emergency, been able to add several hundred beds without serious overcrowding. But crowding is certainly to be preferred to jails or other places of detention, which would undoubtedly have been the disposition of many of these men. The building program of additional accommodations in our neuropsychiatric hospitals was begun soon after this country entered the war; but because of a lack of priorities in materials and labor, there has been a delay in the completion of these projects. However, a number of new buildings have been made available and thousands more beds will be ready within the near future by additions to presently operated hospitals and by the building of entirely new hospitals.

Mr. CUNNINGHAM. Would it bother you, Doctor, if I interrupted you there?

Colonel BAIRD. No.

Mr. CUNNINGHAM. I was not quite satisfied with the answer that I got yesterday to my question of what is being done to prevent veterans of this war, whose mental condition has not been determined, being placed in these mental hospitals along with patients who are definitely mentally ill. I take it, from your answer, that at the present time, because of conditions and facilities, it is impossible to do otherwise than to put them in there while they are under observation; is that correct?

Colonel BAIRD. Well, yes; essentially correct. But, in the first place, one who comes to our hospitals is pretty thoroughly examined to determine whether or not he needs to be admitted, and he is examined both mentally and physically.

Mr. CUNNINGHAM. I think that there is the crux of the whole thing.

Colonel BAIRD. Chances are that he would not be admitted, you see.

Mr. CUNNINGHAM. The crux of the whole thing is whether or not that examination is as complete as it should be.

I spoke with some of the members of the committee later yesterday, and we were of the opinion that a veteran should not be committed to a mental hospital until some board had definitely determined that he is a subject for that. In a local community we have a board set up to determine whether or not a person should go to a hospital for the mentally sick. I gather that if a veteran comes to you and if he is not physically ill, there is a feeling that there must be something wrong with him and he is sent to a mental hospital on that theory, that there must be something wrong with him or he wouldn't be there at all.

Colonel BAIRD. I do not think so.

You mean patients that go in to the regional offices?

Mr. CUNNINGHAM. Regional offices or the hospitals.

Colonel BAIRD. If a man is admitted to one of our hospitals, comes in voluntarily, of course, we tell him that he is going to be locked up because we do not know anything about him, and all that we know is the initial examination. You cannot tell very much about a psychotic case in 5 or 10 minutes or a half an hour or an hour. But if he does not want to come in under those conditions, he does not have to. The chances are that he will not want to.

MR. CUNNINGHAM. I appreciate that. But I still do not think that we have gotten down to the bottom of the question.

What is being done to prevent veterans from being placed in the same wards in the same hospitals with those who are mentally ill—say, insane?

Colonel BAIRD. Yes.

MR. CUNNINGHAM. Before it is definitely determined that they should be there?

Colonel BAIRD. Well——

MR. CUNNINGHAM (interposing). I notice, for instance in this morning's Post a recommendation of the Disabled American Veterans that these neuropsychiatric cases be placed, in the beginning, in the general medical hospital instead of in the mental hospital. I think that that was right in line with what I was asking you yesterday.

Colonel BAIRD. Yes.

MR. CUNNINGHAM. It seems to me that no veteran should be placed in a mental hospital if there is any doubt at all as to whether or not he should be there. It should be definitely determined.

Colonel BAIRD. I see.

MR. CUNNINGHAM. I fear, with the numbers that are coming out of the armed forces, and the amount of work that the personnel of the Veterans' Administration has to do——

Colonel BAIRD (interposing). Yes.

MR. CUNNINGHAM (continuing). That there may be a tendency to say, "We don't know what is the matter with him, but, until we find out, we will put him in the mental hospital," with the result that many well boys will be put there and it will be a stigma on him.

What plan do you have to help that situation?

Colonel BAIRD. I do not know that we have any plans. The patients from the Army—that are sent from the Army to our mental hospitals are those that have been diagnosed as having a psychosis of some sort. After they have been in our hospital for maybe 2 or 3 weeks and presented to the staff, they find that they are not psychotic at all. Yet they have been in with the psychotic patients. They are simply cases of psychoneurosis.

MR. CUNNINGHAM. How much of a job would it be to have some separate place to put them until it is determined that they should be inmates of a mental hospital?

Colonel BAIRD. You mean that every patient that presents himself for admission in any manner should be regarded as normal until proved otherwise?

MR. CUNNINGHAM. That is exactly what I mean.

Colonel BAIRD. Of course, if you did that, that would be nice, in a way, but still the Veterans' Administration could not take any responsibility for what that man might do in the interim.

MR. CUNNINGHAM. He could be placed somewhere where he would do no more harm than he would in a mental hospital.

Colonel BAIRD. You mean with open doors and freedom of the grounds?

MR. CUNNINGHAM. You could put him in a place where he could not get out, but still where he would not be with those who are definitely mentally ill.

Colonel BAIRD. I see.

Mr. CARNAHAN. Is it true that many of them are sent to the mental hospitals from the general hospitals?

Colonel BAIRD. Yes.

Mr. CARNAHAN. And there they have been diagnosed as having a condition which is, perhaps, a mental condition, and they are sent from this hospital to a mental hospital?

Colonel BAIRD. Yes.

Mr. CARNAHAN. And in that way they would be getting the kind of treatment of which Mr. Cunningham is speaking?

Colonel BAIRD. In that case, they would. They have been examined and found to be in need of mental hospital treatment.

Mr. CUNNINGHAM. Is this examination made by a board?

Colonel BAIRD. You mean when he presents himself for admission?

Mr. CUNNINGHAM. Any time.

Colonel BAIRD. I guess they have a board in the Army.

Mrs. ROGERS. Yes; I think they do have a board in the Army.

Mr. CUNNINGHAM. I am talking about at the veterans' hospital.

Colonel BAIRD. When they get to the veterans' hospital I think—I will not say in all of them, but I think in most of the cases—when a case is presented, if there is any question about it, the clinical director and one or two other doctors, including the officer of the day, interview the man to decide whether he should be admitted to that hospital. If it is at night, perhaps he is seen only by one physician; that would be the officer of the day.

Mr. CUNNINGHAM. What I am concerned about is that no veteran will be placed in a mental hospital until it is determined that he should be there.

Colonel BAIRD. You think that it would be well to have a clearing house of some sort?

Mr. CUNNINGHAM. Anything to prevent a normal, sane soldier from being committed to an insane institution when he should not be there. I think that there is danger of that because of the numbers coming back and the general thought that has gone about that many of these men have something wrong with them mentally.

Mr. McQUEEN. Anything that comes to you from the Army has a diagnosis already made; is that not true?

Colonel BAIRD. Yes.

Mr. McQUEEN. In other words, any man who is sent to a veterans' hospital—to an NP hospital—a diagnosis is made by the Army, and he is referred to you?

Colonel BAIRD. Yes.

Mr. McQUEEN. That takes care of one class of them. And the other class is the class that presents themselves voluntarily.

Colonel BAIRD. Yes.

Mrs. ROGERS. Mr. Cunningham, would you let me read this into the record? It is the procedure used by Dr. Winthrop Adams, at Bedford.

Mr. CUNNINGHAM. Yes.

Mrs. ROGERS. Thank you. It is your time, I know.

He states that immediately upon admission, patient seen by Chief of Reception Service and classified. Examined by a board of at least two physicians within 24 hours and sent to proper ward.

He states further that it depends on the individual case where he is sent, whether acutely psychotic and disturbed, infirm, deteriorated, or

in good contact. Hydrotherapy, psychotherapy, physical therapy, occupational therapy are principle measures. Electro-shock therapy in selected cases.

And there at Bedford they try to keep the World War I cases in one section. Sometimes they keep them there a little longer than otherwise.

Is it not true, Colonel Baird, that perhaps the men might be kept longer and not sent to the proper ward due to overcrowding of the hospital?

Colonel BAIRD. Possibly. The more patients one has, the more difficult it is to transfer them from ward to ward.

Mrs. ROGERS. Just one more question, Judge Cunningham.

Mr. CUNNINGHAM. Yes.

Mrs. ROGERS. You have had some accident, have you not, with men who have been released and have shot people?

Colonel BAIRD. What is that?

Mrs. ROGERS. You have had accidents with some of the veterans that have been released when they were not ready?

Colonel BAIRD. To the community, you mean?

Mrs. ROGERS. Yes.

Colonel BAIRD. I think that there have been instances where what has happened after their release has shown that they probably should not have been released.

Mr. CUNNINGHAM. Within the past few years in my district a man got out of the hospital and shot and killed the sheriff.

Colonel BAIRD. The behavior of a psychotic patient is unpredictable.

Mr. ODOM. I feel that Mr. Cunningham's question has not been completely answered. Would it be permissible for me to ask Dr. Baird a couple of questions which I think would clear the matter up?

The CHAIRMAN. I think so.

Mr. ODOM. Aside from those transferred directly from the Army to our hospitals, you have, do you not, two, and only two types of admissions—committed patients and voluntary patients?

Colonel BAIRD. That is correct.

Mr. ODOM. Taking the committed patients first, so far as you know, are they not invariably committed in accordance with the law of the State or locality from which they come after a full commission hearing, if they have commissions in that State?

Colonel BAIRD. That is right.

Mr. ODOM. With respect to the voluntary patients, is a voluntary patient ever admitted without first having been examined by a Veterans' Administration physician to determine whether, first, he has any need for hospitalization, and second, what type of hospitalization he needs?

Colonel BAIRD. He is always examined before hand.

Mr. ODOM. Does that take care of the situation?

Mr. CUNNINGHAM. Almost. It still leaves in the air the one remaining thought that I had, and, as I got Colonel Baird's reply yesterday, if they do not know what is the matter with a man, even though he is a voluntary patient, he goes to the mental hospital.

I appreciate that if these fellows transfer from the Army or Navy with a notation of what is the matter with them, there is nothing for the Veterans' Administration to do except to follow that out until they

find out differently; also if he is transferred by the legal authorities where he lives, that is already determined. But there are a great many of these voluntary patients—they do not know what is the matter with them. There is nothing physically wrong with them, and they are immediately sent to a mental hospital until it is determined what is the matter.

Mr. ODOM. Mr. Baird can clarify that.

Is it not also true, Dr. Baird, that if a man is committed legally it is not known at the time what is the matter with him? You are speaking technically as to the classification of a mental case.

Colonel BAIRD. It is very often true.

Mr. ODOM. In other words, the commitment carries no more information to the psychiatrist than a voluntary admission would carry, would it?

Colonel BAIRD. No; other than the suspicion that the man is suffering from something.

Mr. ODOM. But, outside of chicanery, a man is not likely to be legally committed unless he is in need of treatment, is he?

Colonel BAIRD. That is true.

Mr. CUNNINGHAM. In the case of the one legally committed, there has been a board hearing in the locality to determine whether he should be committed.

Mr. ODOM. That is right.

Mr. CUNNINGHAM. I can see where that class of patient should go to a mental hospital for such time to determine whether he is unsound. But I am concerned with a fellow whose folks say, "You ought to go to a hospital." And he feels that he should. And they shoot him over to a mental hospital. Immediately he has the environment of men who are mentally unsound, and he has the stigma. That is what I would like to see steps taken to prevent. I would rather see most anything than to see a good boy passed as insane when he is not.

Colonel BAIRD. The only way that you could prevent that would be to have a general unit in every neuropsychiatric hospital.

Mr. CUNNINGHAM. How is that?

Colonel BAIRD. The only way that you could prevent that would be to have a general unit in every neuropsychiatric hospital.

Mr. CUNNINGHAM. Do you not think that that should be one of our steps?

Colonel BAIRD. It might be a very good thing.

Mr. CUNNINGHAM. And it should not be only one physician in the matter. It should be a board, so that there is some definite determination of the need before he is committed to a mental hospital.

Colonel BAIRD. That unit would be still a part of that hospital.

Mr. CARNAHAN. And all the patients would go through the unit?

Colonel BAIRD. No; not all the patients.

Mr. CUNNINGHAM. If a man goes to a general hospital and you can find nothing wrong with him physically, I think that you should not transfer him to a mental hospital until you find out that he needs to go there.

Colonel BAIRD. I do not think that they transfer them until they find out at the general hospital that that is necessary. They would not transfer a psychoneurotic to a mental hospital.

Mr. CUNNINGHAM. Letters are coming to members of the committee from veterans and from members of the families of veterans that they are in mental hospitals and that that is not what they need.

Colonel BAIRD. Yes.

Mr. CUNNINGHAM. There probably are not many of them, but there are some. That is the basis for my question. I said yesterday that it was a hard question for which to lay a foundation.

Colonel BAIRD. In some cases the family does not know and in others, perhaps, they know more about the man than we do because they have lived with him for years.

Mr. CUNNINGHAM. I think that that is a suggestion.

Mr. STIGLER. Colonel Baird, you made a distinction a moment ago with reference to voluntary and committed cases. I would like to know, Is there any difference made in the reception of these two types of patients upon their admission in an NP hospital?

Colonel BAIRD. No difference.

Mr. STIGLER. In other words, when a man comes to an NP hospital, where is he put?

Colonel BAIRD. He is put on the receiving ward.

Mr. STIGLER. Do you have in this receiving ward all types of cases?

Colonel BAIRD. All types of cases, yes, that are admitted. But those that are disturbed, obviously aggressive and profane, and expressing ideas of persecution are not on that ward. They are not put there. If they are, they are not kept there. They are sent to the acute service even before they are examined and staffed.

Mr. STIGLER. Suppose that a patient were transferred from a veterans' facility—a general medical hospital—to an NP?

Colonel BAIRD. Yes.

Mr. STIGLER. His case file accompanies that patient, does it not?

Colonel BAIRD. That is right.

Mr. STIGLER. What happens to him upon reception in the NP hospital? Where is he put? How is he treated? Is he put under guard—placed in shackles?

Colonel BAIRD. It depends entirely on his condition. If he comes in to our hospital—to an NP hospital—as a case of simple dementia praecox, let us say—he is very quiet, tractable, is not causing any trouble—he goes on the receiving ward automatically and stays there for about 24 hours. He is presented before the staff and sent to a ward where it is suitable for his care. The reception ward is the clearing house for all admissions.

Even when a man goes home on a trial visit, and he is gone 30, 60, or 90 days, he comes back, and he goes through the receiving ward again for a check-up.

Mr. STIGLER. And there is no patient, upon his admission to an NP hospital, thrown in with violent cases?

Colonel BAIRD. Not unless he is violent himself.

Mr. STIGLER. That would be taken for granted, of course.

Colonel BAIRD. Not at all; there is none of that. And restraint is only used when absolutely necessary, and none on the receiving ward. If a man needs restraint, he is sent to the acute service.

Mr. STIGLER. I have a case in mind that happened in my hometown some 4 or 5 months ago. A World War II veteran was discharged. He was a psychotic. He shot and killed his brother and

nephew because they would not go hunting with him. The county attorney made application to the nearest NP hospital, which was at North Little Rock, to admit this World War II veteran, and they refused until the county attorney would dismiss the charges of murder against this World War II veteran.

Do you not think that that was rather harsh treatment, to deny him treatment on that account?

Colonel BAIRD. I am not entirely qualified to express myself on that. Those are our regulations.

The CHAIRMAN. You mean while he was under indictment for murder?

Mr. STIGLER. Yes.

The CHAIRMAN. Do you not think that if he is in jail for murder that it is the State's duty to try him for murder before the Veterans' Administration should stick its neck out?

Mr. STIGLER. Yes.

The CHAIRMAN. In the first place, I will be frank with you, as a lawyer, having been a prosecuting attorney, and having been mixed up with this legislation, my honest opinion is that it is the duty of the State of Oklahoma to first try the man to determine whether or not he was insane, and if he was insane, then to turn him over to the Veterans' Administration.

Suppose he was not insane, do you want to give him a storm cellar?

Mr. KEARNEY. Will the gentleman yield?

Mr. STIGLER. Yes.

Mr. KEARNEY. I would like to stick my horn in there.

The CHAIRMAN. Yes.

Mr. KEARNEY. I can go along with both of you to a certain point. But it seems to me that if a man, even though he is a veteran, is accused of murder and if a panel of psychiatrists or competent doctors adjudge that man a mental case, or insane, he should be confined in one of the State insane hospitals, rather than taking up the room in a veterans' hospital for another veteran who might probably come there without a cloud. The man had been charged and accused of murder. That is the State's case. If the man is insane, it certainly is up to the State to take care of him.

The CHAIRMAN. The part I was saying was that the veterans' hospital at North Little Rock was not subject to criticism because they did not take this man in before he was adjudged insane.

Mr. STIGLER. But I do criticize the Army for discharging that World War II veteran.

The CHAIRMAN. We did not have anything to do with that.

Mr. STIGLER. But I think that the chairman will agree with me in this, that there is no county attorney going to subject his county to trying a World War II veteran under those circumstances. Every lawyer would impose the defense of insanity.

The CHAIRMAN. I was not insisting upon a trial for murder. I would insist that they should have a trial on his sanity before they require the Veterans' Administration to take him out of the county jail and take charge of him. You have a court for that purpose; have you not?

Mr. STIGLER. Yes.

The CHAIRMAN. It was the duty of the courts of Oklahoma to determine first whether the fellow was insane, and then they could turn him over to the State insane institution or ask the veterans' hospital at North Little Rock to take charge of him.

Mr. STIGLER. After all, this boy, by reason of his World War II service, certainly has a claim upon the United States Government for certain services that he had given as a soldier. I raised the question for that reason.

The CHAIRMAN. Your criticism, as I understood it, was directed at the North Little Rock Hospital for not taking this fellow.

Mr. STIGLER. That is right.

The CHAIRMAN. I do not think that the criticism is justified, unless the courts of Oklahoma had tried this man to determine whether or not he was insane. Supposing he was not insane. The mere fact that he was a serviceman, if he had killed a man in Oklahoma, it is not up to the Veterans' Administration to furnish a storm cellar. If the court holds that he is insane, that is a different matter; but it is up to the courts of Oklahoma to try him. It is not right to level that criticism at the Veterans' Administration for not taking him in for killing a couple of men.

Mr. KEARNEY. I do not think that the criminally insane belong in veterans' hospitals.

The CHAIRMAN. All that I was doing was to answer the criticism against the North Little Rock Hospital. I submit that this is not a proper case for criticism of the North Little Rock Hospital.

Mr. STIGLER. I just wanted to get the attitude of the Veterans' Administration.

Mr. ODOM. I think that the witness will answer the question if it is put to him. May I put the question, Mr. Chairman?

The CHAIRMAN. Yes.

Mr. ODOM. Is not the regulation, Colonel, that before we will take a veteran requiring treatment in a Veterans' Administration hospital, who is under charges by the civil authorities, State or Federal, that it be required that he be released unconditionally to the Veterans' Administration for the purpose of absolving the Veteran's Administration from obligation to return him to the civil authorities?

Colonel BAIRD. That is right.

Mr. ODOM. And is that not the only provision of the regulation?

Colonel BAIRD. That is the only provision of the regulation.

The CHAIRMAN. Somebody has to determine his sanity before it is incumbent on the veterans' hospital to take him in. The mere fact that he shot a man may not be proof of his insanity. It may be proof of criminal intent. Certainly it was up to the courts of Oklahoma to try the fellow on the question of his sanity or insanity before criticizing the veterans' hospital.

Mr. STIGLER. As I understand it, you do not have to prove that you are insane before you can get treatment in a veterans' hospital.

I want to make it plain that I am not criticizing the veterans' hospital. I merely raised that question to get Colonel Baird's attitude on that. Personally, I blame the Army for discharging the man. They should not have discharged him.

Colonel BAIRD. Was he discharged outright to the community?

Mr. STIGLER. Yes, sir. And I know something about his background.

The CHAIRMAN. Was he discharged for insanity?

Mr. STIGLER. No.

The CHAIRMAN. For what was he discharged?

Mr. STIGLER. Past age.

The CHAIRMAN. The Army had no way of knowing that he would go home and shoot a couple of fellows.

Mr. STIGLER. If they had given him a proper examination, they would have known.

The CHAIRMAN. I am not sure about that. My experience in the courts has been, watching cases of different kinds, that a man is likely to go crazy or get drunk or get mad and kill another. The Army turned him out because he pleaded his old age, and he went to Oklahoma and, because these fellows would not go hunting with him, he shot them, as you say. I have known of fellows in Oklahoma killing each other for less than that. But that is no criticism of the Army for turning him loose on account of his age. They might have had no inkling that he would turn crazy.

Has he been tried for insanity?

Mr. STIGLER. No. He is in the State penitentiary.

The CHAIRMAN. Then I do not see any criticism of the Veterans' Administration.

Mr. KEARNEY. Doctor, I understood you to say that when these patients are sent to the NP hospital, they are put into a ward for observation and treatment, and there are no disturbed cases that are put among those cases that are undisturbed—is that true?

Colonel BAIRD. Well, what I meant by that was of the badly disturbed—those who are manifestly psychotic, having hallucinations and disturbing the other patients, and hyperactive physically and apt to strike someone else, inflict harm upon those about them, and those with definite suicidal tendencies. If those tendencies are known upon admission, or soon after, the man is sent either direct to the acute service and is not put on the receiving ward at all, or if these symptoms develop after he arrives on the receiving ward, he is immediately sent to the acute service.

Mr. KEARNEY. How long do they stay in the receiving ward?

Colonel BAIRD. Varying length of time, depending on numbers of patients to be examined, size of the medical staff—ordinarily about 10 days or 2 weeks. It takes that long to observe them, to examine them, to get the various laboratory studies completed.

Mr. KEARNEY. Are they examined daily in the 2 weeks' period that they are in the receiving ward?

Colonel BAIRD. Yes; they are seen daily by the physician to whom they are assigned.

The CHAIRMAN. May I interrupt right here. The House is meeting in 1 minute from now. Would you prefer to take a recess now until 1 o'clock? I understand that they have this bill under the 5-minute rule.

Mr. STIGLER. We voted on that this morning.

The CHAIRMAN. You think that we had just as well stay until roll call and then recess until 1:30? All right.

Go ahead.

(Discussion was had off the record.)

Mr. McQUEEN. Go ahead on page 5.

Mrs. ROGERS. I would like to bring out one point, if I may, before you proceed.

Colonel BAIRD. Yes.

Mrs. ROGERS. You say:

Red Cross representatives are on duty at many of them, and Gray Ladies ever present to assist disabled veterans in a myriad of ways.

I discovered at West Roxbury and at Medford that most of the Gray Ladies who used to be there are now going to the Army hospitals. That was true at West Roxbury and at Bedford. I took the matter up with General Hines. He said that he thought that the Red Cross had not been sending their representatives as they should, and he would take the matter up with Mr. Bondy.

I notice in today's Post that Mr. Roy Johnson, assistant administrator of the Red Cross, said yesterday, in effect, that they would see that there were more Red Cross personnel in the veterans' hospitals. There is a woeful lack of them.

I thought perhaps you would want to correct that statement.

Colonel BAIRD. I will.

A number of hospital managers from whom we have heard, when they were asked to make comment on these articles, spoke of the splendid services of the Gray Ladies.

Mrs. ROGERS. I think that that is true in some of the hospitals, but in many hospitals they have left and gone to the Army hospitals.

Colonel BAIRD. That is true. We have them at Northport, Long Island, and Lyons, N. J., and I know at North Little Rock, Ark., we have about 25 who come quite regularly.

Mrs. ROGERS. Judge Cunningham spoke of the Gray Ladies at one of the hospitals.

Mr. CUNNINGHAM. I believe it was at Aspinwall, Pa.

Colonel BAIRD. In the neuropsychiatric hospitals they write letters for patients who are unable to write, have tea parties for them, read to them, bring Victrolas out and play records for them, and they help a great deal with the blind and in some cases teach braille to them, help in the recreational program out of doors and indoors, take patients out in wheel chairs, take them to the movies, do all sorts of things that we have not enough personnel to do.

Mrs. ROGERS. Yes. General Hines felt that that was true.

Mr. McQUEEN. Go ahead, Colonel.

Colonel BAIRD. Allegation No. 2:

That the veterans are not getting the services ordered and paid for—that instead some are being beaten by sadistic brutes; tens of thousands are receiving almost no treatment at all; and thousands, who should achieve a speedy cure, are instead being allowed to deteriorate, degenerate, and die.

The treatment program in our neuropsychiatric hospitals has been well organized for years; and since the receipt of veterans from the present war who are younger and whose mental conditions are generally more acute, the program has been modified to meet the requirements of this younger group. The Veterans' Administration has had years of experience in the care and treatment of nervous and mental disorders and our hospitals are operated along the most modern lines in respect to both diagnosis and treatment. Every accepted therapeutic agent is employed where indicated, in the individual case, including insulin and electric shock, fever therapy, physical therapy,

carefully planned psychotherapy, and recreational, occupational, and group therapy, with the purpose in mind of bringing about maximum improvement and of returning the veteran to his home community and prewar occupation at the earliest possible time or else to a vocational educational assignment, if in need of and if eligible. Our patients are definitely not allowed to deteriorate, degenerate, and die because of lack of treatment. It is true that there were instances of maltreatment of patients at Lyons, N. J., and there have been allegations of brutality at other stations; but it is difficult to imagine any institution caring for the number of acutely disturbed psychotic patients as are hospitalized by the Veterans Administration without frequent charges of this kind. Whenever such charges are made, they are thoroughly investigated; and if substantiated by facts, the most practicable solution possible is effected.

The loss to the armed forces of some of the best-trained attendants in our hospitals seriously crippled our service in this respect, but through intensive courses of training for newly recruited attendants, both civilian and military, it is felt that the character of such services is improving materially.

The CHAIRMAN. We will adjourn until 1:30.

(Whereupon, at 11:15 a. m., a recess was taken to 1:30 p. m.)

AFTERNOON SESSION

The CHAIRMAN. The committee will come to order. Dr. Baird, you may proceed.

Mr. McQUEEN. Doctor, go ahead, starting at your No. 3.

Colonel BAIRD. This is a continuation of the comments on Mr. Maisel's article. No. 3, quoting the allegation:

That unless millions of us demand reform within these hospitals, there will be no hope for our veterans already in these institutions or for the many thousands who will yet pass into them from the battlefields of Europe and the Pacific; that the conditions within these hospitals are not a secret to the men who run them; they have had a chance to clean house, but they have not done so.

I deny emphatically that conditions in our neuropsychiatric hospitals are anywhere near as pictured by Mr. Maisel in his most vicious article published in the April *Cosmopolitan*. The problem of occasional abuse or mistreatment of patients with mental conditions has been with us ever since institutions have been established for psychiatric cases. There isn't a mental hospital in the land that is not confronted with this problem. It is also a very difficult problem to cope with. All instances of mistreatment are not necessarily intentional and sadistic abuse is very, very rare. Many times patients are accidentally injured in reasonable efforts to subdue and control them, so that it is not easy to determine whether a patient has been intentionally abused or was accidentally injured by his own hyperactivity. Abuse of patients in our hospitals has been kept to a minimum because of eternal vigilance on the part of physicians, nurses, and charge attendants to prevent it. All injuries, regardless of how minor, are investigated by medical boards or other investigations, including occasionally trained investigators from central office in Washington.

The statement of Mr. Maisel that the conditions within these hospitals are not a secret to the men who run them is a wild, sensational charge without any foundation whatever. Improvements in the oper-

ation of these hospitals have been continuous from the beginning and will continue to be made whether or not there are criticisms from any source.

No. 4:

That one Robert Hegler, former attendant at the facility, Lyons, N. J., kept a diary disclosing certain "unbelievable brutality."

Hegler wrote—that was the name of the attendant who was a conscientious objector—Hegler wrote:

A veteran of this war was tied to a chair with a sheet. One of the attendants told him to shut up. When the patient refused, the attendant threw several vigorous punches into him. Five other attendants, including a head attendant, looked on without comment.

The same night * * * I saw another attendant hit a young, nonresistive patient in the back—and hit him on two different occasions while he was in bed.

Two weeks later I was ordered by the head attendant to turn cold water on a patient held forcibly under a shower.

Hegler wrote of patients being "wrung out"—the attendant's lingo for choking a veteran with a towel around the neck—while other attendants looked on and did nothing.

Hegler told of a patient who was held down by one attendant and kicked in the head by another, until two stitches were required to repair the damage.

Hegler reported:

One seriously ill patient was beaten up in bed by two attendants.

This man, according to Hegler's diary, died the next day.

Hegler reported:

a nurse throwing medicine into a patient's face when he failed to finish drinking the dose.

No. 5:

That Investigator M. W. Vogtman took evidence at Lyons, N. J., following which, on November 17, 1944—"after the storm in the papers had blown over—General Hines issued a statement, admitting abuses and promising a clean-up."

Mr. KEARNEY. May I interrupt there a minute, please? Is Vogtman's report in evidence, Mr. Chairman?

The CHAIRMAN. Not that I know of.

Mr. McQUEEN. I do not think so.

Mr. KEARNEY. Well, my personal opinion is that either that should be introduced in evidence or else answers to all these charges should be made by the Veterans' Administration.

Probably, I think that that further paragraph that on further investigation no substantiation could be found for Mr. Hegler's statement, some of his allegations were sustained and some were sustained only in part, that is what I had reference to when I said that I would like to see that portion of the report.

Mr. McQUEEN. Go ahead.

Colonel BAIRD. Mr. Maisel has apparently accepted completely the allegations of Mr. Hegler, who was a former attendant assigned to us at Lyons with a group of conscientious objectors. Upon careful investigation, no substantiation could be found for many of Mr. Hegler's statements, some of his allegations were sustained and some were sustained only in part. It is, therefore, my belief that Mr. Maisel

grossly exaggerated the situation in order to paint as black a picture as possible of the whole affair.

No. 6:

That the investigation "reveals some substantiation of the charges made by Robert Hegler. The abuses were to a considerable degree due to * * * untrained and inefficient attendant help and inadequate coverage of the wards.

The untrained and inefficient attendant help and inadequate coverage of the wards were conditions over which the Veterans' Administration had very little, if any, control during the period so many of our best-trained attendants were taken by the armed forces, and also when physicians were being called into the Army and Navy and nurses were resigning to enter one of the armed services, the number of these professional personnel were so depleted that training programs were of necessity seriously affected. This situation existed in the face of marked increases in hospital admissions, many being acutely disturbed, suicidal and homicidal, and, therefore, requiring special nursing and attendant attention. However, this unsatisfactory state of affairs has improved, as more beds have become available and as more professional personnel have been assigned to permit of better supervision and training of the subprofessional group.

MR. SCRIVNER. Mr. Chairman, may I ask a question at that point? Doctor, do you have figures on the number of doctors, nurses, and attendants that you lost during that period of time?

COLONEL BAIRD. I have none on the nurses or the attendants but there were 399 doctors—approximately 400—who were lost to the armed forces.

MR. SCRIVNER. Is there any place—for instance, where you state that nurses were resigning to enter the armed services, is there any place that you can turn to find the number of nurses and attendants that left at that time as comparable to your figure of 399 physicians?

COLONEL BAIRD. I think we can find that out.

MR. SCRIVNER. I think it should be put in the record because those are some of the facts we are trying to discover.

MRS. ROGERS. Colonel Baird, I suppose before that you also lost some of the attendants to do war work, did you not? That is to say, to go into war industries?

COLONEL BAIRD. Yes; I neglected to mention that. I should have put that in.

MRS. ROGERS. And is it also not true, that several times when I asked if you had enough doctors, the medical section stated that there were enough doctors, but not all of them were of the type they wanted, and that they had to take what they could get from civil service? Am I correct in that?

COLONEL BAIRD. I think in some of the hospitals there have been medical officers assigned since those resignations, that have made up the standard quota for those hospitals.

MRS. ROGERS. And, Colonel Baird, do you envisage, as I do, and as I want, when the medical department is established with the Surgeon General, a medical center here at Washington, like the Public Health Center, the Army Center, and the Navy Center?

COLONEL BAIRD. I think it would be highly desirable and I understand that the Veterans' Administration was making plans for that before the war, for enlarging the research activities of the Adminis-

tration and when the war came, with the shortage of personnel, and the many problems that that presented, the result was that that plan was abandoned.

Mrs. ROGERS. Then you would have there, of course, the training of doctors, the training of nurses, and the training of attendants and I would like to have another word used rather than "attendants." Perhaps "medical assistants" they could be called or even "medics" as the boys overseas so affectionately call the medical detachment men who care for them. They are quite highly trained, quite scientifically trained.

Colonel BAIRD. Yes; we would like to aspire to that sort of thing.

Mrs. ROGERS. And, of course, the very fact that you have a medical center, a big medical center here in Washington, would attract doctors, nurses, physiotherapists, dietitians?

Colonel BAIRD. Of the very best type.

Mrs. ROGERS. Of the very highest type?

Colonel BAIRD. That is quite true.

Mrs. ROGERS. So then you would feel that you were giving the veterans the finest medical service possible?

Colonel BAIRD. That is right.

Mrs. ROGERS. You agree to all of that?

Colonel BAIRD. I agree to all of that.

Mrs. ROGERS. That was my idea.

Colonel BAIRD. Yes.

Going on to No. 7:

That the Administrator had stated, "Appropriate steps are being taken to remedy the situation as to the attendant group, as well as certain changes in the professional and subprofessional groups, and whatever disciplinary measures are warranted will be taken.

This allegation is true and has been carried out.

Mr. SCRIVNER. At that point doctor, what disciplinary measures were taken?

Colonel BAIRD. You mean in regard to the ones at Lyons?

Mr. SCRIVNER. Yes, sir.

Colonel BAIRD. I think I bring that out later in this report. I believe I have it brought out later in the report. Would you mind waiting until I come to that, sir?

Mr. SCRIVNER. That is all right.

Colonel BAIRD. No. 8:

That Mr. M. E. Head, the manager of the Lyons Facility, during the period of "alleged abuses," was still manager in January 1945, and that Col. L. V. Lopez, chief medical officer of the hospital, was still chief medical officer.

This allegation is very misleading and a subtle attempt to place responsibility for the few instances of abuse upon the manager, Mr. Head, notwithstanding the fact that in allegation 6, Mr. Maisel correctly stated the abuses were due to untrained and inefficient attendant help. The same inference is made concerning Lt. Col. L. V. Lopez, chief medical officer. Of course these officials were not removed for abuses of patients they could not have prevented and did not in any way condone. It is not the practice of the Veterans' Administration to persecute loyal employees who have rendered efficient service for years.

No. 9:

That the physician who had been in charge of the acute service during the period covered by Hegler's charges had, according to Colonel Lopez, been ordered transferred to another facility and "he had not been discharged, although the substantiated abuses—to use the Administrator's own mild phrasing instead of the words they deserve—had been inflicted upon patients under his guardianship and by employees under his control."

The implication that the physician in charge of the acute service was responsible for the instances of abuse and should have been separated has no basis in facts. The administrative action taken in transferring this physician was in keeping with the evidence developed.

MR. SCRIVNER. Mr. Chairman, may I ask a question at that point?

THE CHAIRMAN. Mr. Scrivner.

MR. SCRIVNER. Doctor, do you not feel, though, that at least the doctor in charge of the ward has some responsibility for things that occur in his ward?

Colonel BAIRD. Yes, I do, sir, but there were extenuating circumstances. It so happened that this particular physician who was in charge of the acute service at Lyons was also the specialist in eye, ear, nose, and throat diseases, and he was assigned to that work in addition to his other duties; that is, his eye, ear, nose, and throat diseases, so he could not very well give his undivided attention to the acute service. He did not like psychiatry any too well.

There were several opinions on both sides and the final conclusion of the Board of Review was that he should be transferred and utilized by the Administration in the services of an eye, ear, nose, and throat man, the specialty he was versed in.

MR. SCRIVNER. Was he a psychiatrist?

Colonel BAIRD. Yes; he had had several Fyears' experience in psychiatry.

MR. SCRIVNER. Do you think, then, that in cases where some disturbance—we will call it that just as a general term—has occurred in the wards operated or under the direction of some ward surgeon then, that the remedy is to merely transfer them to some other scene of activity?

Colonel BAIRD. No; I do not think so. Not ordinarity. I do not think so.

MR. SCRIVNER. Well, what do you think the action should be, Doctor?

Colonel BAIRD. You mean——

MR. SCRIVNER. Let us say, for instance, in this case, what you have called "surrounding circumstances" had not occurred. In other words, that this doctor had not had his time divided between eye, ear, nose, and throat, and certain incidents had occurred. What should be the remedy?

Colonel BAIRD. I think the disposition of the medical man in charge of that service would depend largely on the facts brought out in the investigation. I think it is conceivable for a physician to have charge of a service and not actually know what certain things of that kind are going on.

MR. SCRIVNER. Would that not be part of his job, though, to know what is going on?

Colonel BAIRD. Yes; it would, but I can conceive of his not knowing some of it.

Mr. SCRIVNER. In other words, take, in military service, if certain things happen, the commander in the area is assumed to know and he gets credit for what is good and blamed for what is bad.

Colonel BAIRD. That is true.

Mr. SCRIVNER. Why should not your ward surgeon be in the same position?

Colonel BAIRD. Well, maybe he should.

Mr. SCRIVNER. Maybe if he had been as alert as we would like to think that most of them are, maybe he would have known what was going on?

Colonel BAIRD. Possibly. Possibly that is true.

Mr. SCRIVNER. Let us get to it this way: How many of these ward doctors have been released from the service because of what we might call incompetency?

Colonel BAIRD. You mean the ones sent in by the Army?

Mr. SCRIVNER. No; I mean just in the Veterans' Administration generally. What do your records show?

Colonel BAIRD. I do not know.

Mr. SCRIVNER. They do show a large number of transfers, though, do they not?

Colonel BAIRD. Quite a good many; yes.

Mr. SCRIVNER. And what about releases from Veterans' Administration and the comparative number of transfers?

Colonel BAIRD. Well, I do not think there have been very many. Although I do not know about the figures. I have not been here long enough to be familiar with that.

Mr. SCRIVNER. Now, in this particular case, your statement is:

Administrative action taken in transferring this physician was in keeping with the evidence developed.

Now, what are the facts upon which you base that statement? What were they?

Colonel BAIRD. This doctor, you mean?

Mr. SCRIVNER. Yes; what were the facts and what justified the transfer rather than removal?

Colonel BAIRD. Well, the transfer was made because—well, I do not know. Public opinion, I guess, and also the fact that we needed his services at Roanoke in the capacity of eye, ear, nose, and throat man, and he is doing that exclusively. He does not have charge of a psychiatric ward there. Those are the only reasons that I know of.

The CHAIRMAN. Roanoke, Va.?

Colonel BAIRD. Yes, sir. Generally, he has a very good record.

Mr. SCRIVNER. And part of that generally good record is one of the things, of course, I assume, that influenced the Board of Review in its decision?

Colonel BAIRD. I presume so.

Mr. SCRIVNER. And since he has been transferred there, have there been any complaints of his attitude toward the patients?

Colonel BAIRD. No, sir.

Mr. SCRIVNER. That is all I have.

Mrs. ROGERS. Colonel Baird, do you think the fact that the hospitals are operated on civil service, for instance, West Roxbury, the doctors leave at 4:30 unless there is a special operation and there is only an OB on duty, do you not think that contributes somewhat

to accidents in hospitals, the fact that they leave on civil-service hours, leaving only one doctor on duty; 4:30 in the afternoon, that is?

Colonel BAIRD. It is possible that that might have something to do with it. I think the general morale of the whole medical service would improve if there were to be some sort of an organization to speak of where men would work overtime and like it and not even think about compensatory time for coming over in the evenings and Sundays and any other time, if they felt that their services were desired.

Mrs. ROGERS. You take Dr. Adamson—you must admit he is always available. I have never gone to the hospital without finding him in the ward with the patients. He does not seem in the least disturbed when the most disturbed and violent patients come up, and I think the patients feel it and know it.

Colonel BAIRD. And I think that most of the abuse happens when there are fewer supervisory people to witness it.

Mr. SCRIVNER. Well, Doctor, am I to infer from the statement you have just made, that merely because these men are under civil service, they have no higher regard for their profession than merely to stop when the whistle blows?

Colonel BAIRD. I think that is not wholly true; but I think their morale would be better if they had a corps of some sort.

Mr. SCRIVNER. Well, how would that change their attitude toward their position?

Colonel BAIRD. In the first place, we could have better class men, men who are career men. Understand, in the Navy they have no difficulty at all about that sort of thing, in the Regular Navy. They do not have rigid hours. If a man wants to go to town he simply says, "I am going to town and will be gone for a couple of hours to attend to some business," and he goes. But he works that night maybe until midnight and nothing is ever said about it. He works overtime and takes greater pride in his work.

Mr. SCRIVNER. Well, there is not any Veterans' Administration or civil-service rule that prohibits these men from working after hours, is there?

Colonel BAIRD. Oh, no; but there is a rule that if you leave your post of duty you take annual leave. No matter how, even if you are only half an hour, you take annual leave.

Mr. SCRIVNER. And—

The CHAIRMAN. Is there any regulation to make them work after hours?

Colonel BAIRD. No; I do not think so.

The CHAIRMAN. As far as the Medical Corps is concerned, then, the Veterans' Administration is in a straitjacket as it stands now, is it not?

Colonel BAIRD. Well—

The CHAIRMAN. That is virtually true, is it not?

Colonel BAIRD. In a way.

Mrs. ROGERS. Mr. Chairman, are you through?

The CHAIRMAN. Yes.

Mrs. ROGERS. Well, Colonel, is it not true that if a doctor or any one of the personnel in the Veterans' Administration takes time off

that it is counted against him? I know one employee in the Veterans' Administration recently told me she was there on temporary duty but she was there on civil service, that it cost her \$20 because she took some time out during a number of days.

Colonel BAIRD. Annual leave. She takes annual leave.

Mrs. ROGERS. Well, I think on her temporary duty she was penalized in that way.

Colonel BAIRD. If there is no annual leave, I assume it would be leave without pay; yes.

Mrs. ROGERS. Colonel Baird, I think I ought to say here that I have found many of your doctors in the Veterans' Administration, although on civil service, very able and very fine and very much interested and very kind. It was true of nurses. They worked tirelessly, and have never been appreciated, in my opinion, and it has been true of your attendants. I have seen an NP hospital attendant take a very disturbed patient and almost by a touch on the arm quiet him. That was because that attendant was trained and interested. They deserve an enormous amount of credit.

Colonel BAIRD. They do, indeed.

Mr. McQUEEN. The rules you speak of are civil-service rules, are they not, not Veterans' Administration rules, as to leave and time?

Colonel BAIRD. I think they are civil-service rules.

Mr. McQUEEN. They have nothing to do with your regulations from the Veterans' Administration. It is a civil-service regulation and rule?

Colonel BAIRD. I think so.

The CHAIRMAN. These doctors you have, the ones on the civil-service list; you cannot fire them, can you?

Colonel BAIRD. I do not think so, unless you prefer charges against them and have them sustained.

The CHAIRMAN. It has to go through a trial of the civil service, does it not?

Colonel BAIRD. No; through the Veterans' Administration.

The CHAIRMAN. Then it is subject to appeal, is it not?

Colonel BAIRD. Yes.

The CHAIRMAN. To whom?

Colonel BAIRD. I think the Administrator.

The CHAIRMAN. I see.

Mrs. ROGERS. He quite often allows them to resign with prejudice, does he not, as he did in the case of a doctor I mentioned the other day?

Colonel BAIRD. I think so; yes.

Mrs. ROGERS. That corresponds, almost, with a dishonorable discharge.

Colonel BAIRD. That is right.

The CHAIRMAN. Go ahead, Doctor, if there are no further questions.

Colonel BAIRD. No. 10:

That he was informed by Colonel Lopez, January 15, 1945, that "no dismissals had occurred, although a few attendants—two or three—had been permitted to resign."

Appropriate disciplinary action was taken against all attendants involved in the mistreatment of patients. You can't dismiss employees who have resigned or left the service.

Mr. SCRIVNER. What was that disciplinary action, Doctor?

Colonel BAIRD. I think I comment on that a little further along. Yes; it is on page 27. Do you want me to read that now, or do you want to wait until I come to it?

Mr. SCRIVNER. No; it is all right. Just go ahead.

Colonel BAIRD. No. 11:

That Robert Hegler was sent to prison because he violated the rules that forbid a conscientious objector to leave the hospital grounds without permission.

The subtle inference that the Veterans' Administration had something to do with Robert Hegler being sent to prison for reporting abuses of patients at our Lyons Hospital is a vicious slander. The officials at Lyons and at central office all appreciated the bringing to their attention the fact that patients were being abused by a few employees at that hospital. Furthermore, they all cooperated with Hegler and everyone else, and did everything possible to establish the facts in order to prevent further abuses.

No. 12:

After stating that "restraints" or any sort are forbidden in many of the most progressive mental hospitals, Maisel reported that "at veterans' hospitals 'restraints' include these great cuffs—leather bands—three and a half inches wide, that are locked over the wrists and tied to a leather belt fixed tightly about the patient's waist."

You will note that Mr. Maisel omitted naming the so-called most progressive mental hospitals that forbid the use of restraints. Restraints of patients are not limited to mechanical devices such as cuffs, camisoles, restraining sheets, and so on. Continuous flow tubs and neutral packs are forms of hydrotherapy but both are also restraints. Psychiatrists have honest differences of opinion as to the extent various restraints should be used. However, in our hospitals, at no time has there been uncontrolled use of mechanical restraints such as cuffs, restraining sheets, and so forth. The use of mechanical restraints to control certain patients at certain periods is predicated entirely on what is believed to be for the best interest of the patient restrained and the other patients on the ward.

On the acute wards there are usually a few homicidal and several suicidal patients. The homicidal patient is not necessarily dangerous to himself and may be in fairly good contact with his environment. However, frequently he is very dangerous to other patients and to attendants and other personnel. He strikes frequently without warning and often injures the person he strikes, sometimes seriously and occasionally fatally. This kind of patient cannot be kept in a continuous-flow tub or pack all the time and as he is not necessarily hyperactive and disturbed, hydrotherapy does not prevent his taking an impulsive swing at another patient or an employee when he is on the ward unrestrained. Of course, a patient of this type could be controlled by being kept in solitary seclusion or under the influence of sedatives, but most of us believe it is better to put him in cuffs and give him the freedom of the ward. In fact, it is more humane to do so.

The suicidal patient or the hyperactive one may have simply the urge to inflict injury on himself but not infrequently he is also dangerous to others. Occasionally hydrotherapy, in the form of tubs or packs, will not relieve the hyperactivity or the desire for self-destruction and in these cases, in their best interest and for the protection of

others, mechanical restraint is used. Mechanical restraints, as well as all other types, are not used on any patient except upon specific orders of the physician and are always applied in his presence. Such restraints are removed at frequent intervals and completely discontinued as soon as the patient's condition will permit. Indiscriminate use of mechanical restraints is forbidden, and, as stated before, are used only when believed to be for the best interest of the patient and when hydrotherapy, the moderate use of sedatives, and psychotherapy fail to produce the desired results.

There are no hospitals in the country which make greater use of hydrotherapy than the Veterans' Administration hospital. This form of treatment is available at our hospitals during the entire 24-hour period. Incidentally, our hospitals which have tried to operate without resorting to mechanical restraints had more injured than those where intelligent use was made of them.

The picture in the *Cosmopolitan* of a patient wearing cuff restraint would lead the reader to believe that the Veterans' Administration is resorting to the methods of the Spanish Inquisition. These cuff restraints are not uncomfortable, being well padded and loosely applied, will permit the patient to smoke and what is more important, allow him freedom to work about the day room, read, play cards or checkers, and do most anything any other patient does.

No. 13:

That the Veterans' Administration has denied "advances to its patients for 3 or 4 years after they had been widely adopted throughout the country on the grounds that 'the veteran must not be experimented upon.'"

Just as soon as new therapeutic methods are introduced, the Veterans' Administration begins investigating their merits and when there is a reasonable assurance that such procedures are valuable, they are employed as soon as equipment and supplies can be procured and physicians can be specially trained to administer them. The Veterans' Administration has always been conservative in the application of new and especially radical forms of therapy, as a precautionary measure, but it certainly cannot be said that it has denied such therapy to its patients for an appreciable length of time.

MR. SCRIVNER. Doctor, do you discuss later on some of these therapeutic aids?

Colonel BAIRD. Yes, I go into detail later.

MR. SCRIVNER. All right.

MRS. ROGERS. Mr. Chairman, what are you going to do, adjourn or recess while we answer the roll call?

MR. ENGLE. What is the pleasure of the committee?

MR. SCRIVNER. I would just as soon adjourn until the roll call is over.

MR. ENGLE. Proceed, Colonel Baird, and we will take up the matter of this roll call as soon as Mr. Vursell has found out what is coming up.

Colonel BAIRD. Very well.

No. 14:

That when a new procedure (as to treatment of mental cases) is "at last grudgingly adopted, I have found it turned over to sketchily trained, overworked doctors whose every move is, of necessity, an 'experiment' conducted at the patient's risk."

All doctors, both within and without the Veterans' Administration are overworked these days and all have assumed extra duties whether

in the Veterans' Administration, the Army, Navy, Public Health Service, or in civil life.

If Mr. Maisel has the answer to the doctor shortage problem, we would be glad to have it. Shortages will become more acute as time goes on, as I understand there are no draft deferments for medical students, except those in IV-F. As to our doctors being "sketchily trained," I can say that they have been adequately trained in the administration of the special therapeutic methods Mr. Maisel had in mind. The Veterans' Administration has followed the recommendations of qualified medical advisers as to the time necessary in training physicians in these special methods. And it might be said in passing in regard to the statement, "overworked doctors, whose every move is, of necessity, an 'experiment' conducted at the patient's risk," that under any conditions, in any hospital, shock treatments are attended by certain risks.

Mr. ENGLE. Will you pause at that moment, please, Colonel? We will discuss this matter of the roll call. Does the committee wish to adjourn to answer the roll call?

Mr. VURSELL. It is merely a quorum call previous to the consideration of the war agency appropriation bill. Personally, I think we ought to remain. I would like to remain.

Mr. SCRIVNER. I think we can just go over one at a time and let the doctor go ahead.

Mr. ENGLE. If there is no objection, we will proceed in that manner and leave, one at a time. When I go Mr. Carnahan will proceed and so we can keep the hearing going.

You may proceed, Colonel.

Colonel BAIRD. No. 15:

That the Veterans' hospitals have no interneers or psychiatric resident physicians: that Col. John H. Baird told him on August 15, 1944, "our younger men seldom come to us with psychiatric training. But we give them a 2-month indoctrination course" and further, that he was told by Dr. Baird that "We'd rather have men who didn't know any psychiatry. * * * Then they can learn our methods when we detail them to our indoctrination schools."

It is true that the Veterans' Administration has no interns or residents in its hospitals. However, steps are being taken to develop the institution of both.

I might say that the Veterans' Administration has had in mind the development of the intern-resident problem for years.

Mr. SCRIVNER. Well, that was the situation which we discussed yesterday, when you stated that one reason that our college of veterans hospitals would not recognize the Veterans' Administration internship was before they had only male interns and did not afford them a well-rounded internship.

Colonel BAIRD. That is right. Now, as to the establishment of residences in particular, this requires most extensive arrangements, so that when residences are established there will be no question but that they will be recognized by the council on medical education and hospitals of the American Medical Association and the specialty boards.

Mr. Maisel, in referring to his conversation with me, has given the impression that the Veterans' Administration does not desire psychiatrists nor does it intend to see that its physicians receive psychiatric training. This is, of course, ridiculous. What I told him was that

we preferred recent graduates coming to us without previous neuropsychiatric training or experience unless such training were of the best, for then we could assign them to recognized psychiatric centers for intensive courses and to our own hospitals for initial practical training.

MR. VURSELL. May I ask a question at that point? Is that your reply?

Colonel BAIRD. That is my reply.

Psychiatrists are at a premium, there being less than 4,000 known specialists in this field in the entire Nation. The Veterans' Administration needs psychiatrists very badly, but first of all physicians are needed and very few are psychiatrically trained when reporting for duty. A group of 17 physicians are taking a special course in neuropsychiatry at an Army hospital next month, and it is expected that this will be a continuous process. Also, as I mentioned yesterday, there is a group of doctors taking a special course in New York City at the Institute for the Crippled and Disabled, and we expect to send more as the months go on.

No. 16.

That not a single one of all the hundreds of doctors who man these veterans' mental hospitals is a diplomate of the Board of Neurological Surgery and that only 22 staff members are to be found on the latest list of the American Board of Psychiatry and Neurology.

No. 17:

That in contrast with the foregoing, St. Elizabeth's Hospital, with a staff of only 43 full-time medical officers, has 26 diplomates on the board's list—"more than can be found in all 30 of the veterans' facilities."

No. 18:

That the New York State system of psychiatric hospitals numbers 85 diplomates on its hospital staffs.

It is true that none of our full-time physicians are diplomates of the American Board of Neurological Surgery. All major neurosurgery in the Veterans' Administration is done by outstanding consultants in this specialty, who have a national and international reputation, including Dr. Walter Dandy, of Baltimore; Dr. Howard C. Naffziger, of San Francisco; and Dr. Loyal Davis, Chicago, and there are others that I did not have room to put in here.

The statement concerning the relatively small number of diplomates of the American Board of Psychiatry and Neurology among the staff members of the Veterans' Administration is true. However, this morning, I find that instead of 22 we have 33 diplomates of the American Board of Psychiatry and Neurology. When this was written I was not sure.

In this connection, the establishment of a Medical Corps, which would permit of the selection of physicians on the basis of their professional qualifications primarily—and this is only my opinion—as recognized by the medical profession, and also of their promotion within the organization upon the basis of professional examination, would undoubtedly be desirable. Certification by the various specialty boards would naturally become a part of the requirements for promotion to the next higher grade.

No. 19:

That the Veterans' Administration declined to instruct surgeons in the performance of the operation described as prefrontal lobotomy until 1944, although this operation was first devised in 1937; that "Last year it sent four physicians (from the Marion, Ind.; Downey, Ill.; Roanoke, Va.; and Lyons, N. J. facilities) to study under Dr. Freeman here in Washington. After waiting so long, you might think the Veterans' Administration could wait a little longer—until these men completed 6 months or a year of resident training. But no! They just took a 2-week brush-up course."

The operation of prefrontal lobotomy is a very radical and dangerous procedure and is by no means generally accepted by the medical profession. Very few operations of this type were performed in this country prior to 4 or 5 years ago and even now is frowned upon by many competent medical authorities. The physicians selected for training in the technique had all had training and experience in general surgical procedures, which is a prerequisite and a 2 weeks' course is considered sufficient by competent medical advisers of national reputation. Only men at stations where neurosurgeons were not available as consultants were trained in the technique of this procedure. In other words, the procedure is done by neurosurgeons wherever they are available, and our reason for using them is because it simply relieves us of having to assign our medical officers to that additional duty.

No. 20:

That in reference to the above-mentioned surgical procedure he [Maisei] offered the following comment: "One cannot help wondering why the Veterans' Administration waited 7 years before it considered this operation no longer 'experimental' and then plunged into it with a bang, permitting ordinary surgeons to perform so delicate an operation instead of hiring brain specialists as operating consultants."

It is believed this accusation is answered above. The Veterans' Administration still considers this operation as experimental, and this opinion is shared by others competent to express an opinion.

No. 21:

That in the last available Annual Report of the Administrator of Veterans' Affairs it is shown that "23,147 veterans were discharged from these 30 hospitals during a year. But of all these, less than 8 percent are rated as recovered, 'apparently recovered,' or cured."

No. 22:

That the last available record of St. Elizabeths Hospital shows that "more than 45 percent of its discharged male patients were rated as recovered. It is also a Federal hospital, yet it achieves a recovery rate nearly six times as great as that of the veterans' hospitals."

The statement concerning the discharges quoted from the annual report of the Administrator of Veterans' Affairs does not apply only to those discharged from the 30 neuropsychiatric hospitals, but the total neuropsychiatric patients discharged from all hospitals of the Veterans' Administration during the fiscal year 1943. The figures themselves are statistically correct. Comparable figures for the fiscal year 1944 show 31,444 discharges for neuropsychiatric conditions from all hospitals with 6.2 percent recovered, apparently recovered or cured. However, of this group of 31,444, 44.1 percent were psychotic.

Statements of the kind made by Mr. Maisel which were, of course, intended to place the Veterans' Administration in a bad light, involve merely the matter of terminology. The Veterans' Administration has always been conservative in the use of the term "recovered," especially in cases of psychosis. Indeed, in most psychoses, with the exception of those due to acute infections, alcoholism, the question of whether recovery, as such, ever occurs is a moot question. If we could use the expression "in remission," we would show a much higher rate of so-called recoveries. Many, perhaps the majority of those patients discharged against medical advice would otherwise have been considered as "recovered," but we can not make a statement as to their condition, unless examinations are completed and a diagnosis is made. Of the total of 20,129 discharges from neuropsychiatric hospitals during the fiscal year 1944, 5,540 were discharged as against medical advice. This represents more than one fourth of the total discharged.

No. 23:

That the Navy refuses to discharge most of its mental cases to the tender care of the Veterans' Administration but "That it insists, instead, on sending these men to St. Elizabeths."

This statement is a definite misrepresentation of fact. For many years, long before the creation of the Veterans' Administration, the Navy has sent its mental patients to St. Elizabeths Hospital, not discharged them from the Navy until a diagnosis is confirmed. Many of them are later transferred to Veterans' Administration hospitals.

The CHAIRMAN. As a matter of fact, Doctor, the Navy has no right to send them to a veterans hospital until they are discharged?

Colonel BAIRD. That is correct.

The CHAIRMAN. They can send them to St. Elizabeths while they are still in the Navy?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. The Veterans' Administration has no right to accept them in a hospital until they are discharged?

Colonel BAIRD. Yes, sir; excepting an emergency when a service man in the community needs something.

The CHAIRMAN. Yes; except in a case of, you might say, dire emergency?

Colonel BAIRD. That is right.

The CHAIRMAN. They cannot accept anyone into a veterans hospital who is still in the Army, Navy, or Marine Corps?

Colonel BAIRD. That is right.

The CHAIRMAN. So that statement with reference to St. Elizabeths is wholly misleading.

Colonel BAIRD. Oh, wholly misleading. And is just another instance of wanting to put us in a bad light.

The CHAIRMAN. Yes. Go ahead. That is another manifestation of the technique of "smear" propaganda?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. That is what it is. Go ahead.

Colonel BAIRD. No. 24:

That the records of the Lyons facility covering the year 1944, show that "Month after month, patients have been sent out on so-called trial visits—3-month experimental discharges—until the year's total reached over 500. But more than one-fourth of all these men—sent out because there was 'no harm' in doing

so—failed so decisively to adjust to the outside world that they had to be recommitted.”

A report from Lyons discloses that during the war, 1944, a total of 725 patients were on trial visit from that hospital and that of this number only 125 returned to the hospitals during the same period. In other words, 17.2 percent of those on trial visit failed to make a satisfactory adjustment. This is actually an excellent record.

Mr. Maisel is apparently ignorant of trial visit purposes and procedure. Hospitals with comparatively large numbers of patients on trial visit are to be commended, as the object of treatment in a mental hospital is to hasten the day when a patient may return to his home community, and every day out of the hospital is a step ahead for the patient. Trial visits are approved for patients only after they have shown evidence of a definite remission in their psychotic systems and have at the same time made a good hospital adjustment. For a period of time they have had no conflicts with their environment, have shown a sustained interest in some constructive activity, and have required only a minimum of supervision. When patients have improved to this extent, an effort is made to determine what the environment will be to which they are going on trial visit and what plans are being made for occupation and recreation outside the hospital.

The CHAIRMAN. Now, Doctor, may I interrupt at that point?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. He complains that veterans were sent out on so-called trial visits. That 25 percent of them had to come back to the hospital. You say only 17.2 percent. Well, if these men go out on a trial visit, that means to their homes, does it not?

Colonel BAIRD. Yes, sir; it does.

The CHAIRMAN. And if 75 percent of them are able to stay there, even according to his figures—

Colonel BAIRD. That is an excellent record.

The CHAIRMAN. I am not a doctor but it seems to me that even according to his own figures, that is an excellent recommendation for that kind of procedure.

Colonel BAIRD. Certainly.

The CHAIRMAN. If you have a hundred people in a hospital, in a mental hospital, and they all want to go home and you give them a trial and 75 percent of them go home and save the Government the expense of hospitalization and are able to stay there and live with their people and only 25 percent of them are compelled to come back, that seems to me, just as a layman, to be an excellent record.

Colonel BAIRD. It really is.

The CHAIRMAN. It might not be but that is the way it looks to me.

Colonel BAIRD. It is and that is modern psychiatric practice. All hospitals do that.

Mr. VURSELL. Mr. Chairman, I think it is apparent that Mr. Maisel did not know what he was writing about, and most of the time was not seeking to give the truth, but was seeking to distort and put in a bad light a small part of the truth he found.

The CHAIRMAN. The thing that amuses me is that Mr. Maisel was escaping the draft on the ground that it was essential for him to get out and do this kind of work, to write these articles and draw down pay for it, and to smear the Veterans' Administration, and disturb the morale of the people back home.

Mr. VURSELL. Well, I think it is apparent, from listening to the doctor's testimony here, which is very reasonable, and I want to compliment him on his frankness, his willingness to say he does not know when he does not know, his willingness to say that probably some improvement could be made, I think his testimony has been revealing and very encouraging and certainly deserving of a great deal of credit as compared to the testimony that we have had and which he is answering here today.

I think it is a waste of the time of this committee to even dignify this publicity that has been brought out so far in this way. However, I realize it is necessary because people are so prone to believe headlines they see in magazines and newspapers and I am a newspaper publisher myself, so I ought to know.

That is all.

The CHAIRMAN. All right, Doctor Baird, you may proceed.

Colonel BAIRD. Only when this investigation indicates that the veteran will have a reasonably satisfactory opportunity to continue his improvement, does the medical staff recommend a trial visit. While on a trial visit, he is contacted at least once during a period of 90 days either by the hospital social worker or by a social agency in his community and a report is made of what his adjustment has actually been. If this report indicates that the patient is making a satisfactory adjustment both from a social and economic standpoint, then the trial visit may be extended, or the patient may be discharged. If the report is unfavorable, the hospital initiates efforts to have the patient returned for further treatment.

Mr. Maisel indicates by the statement that—

these men * * * sent out because there was "no harm" in doing so—

that no care or interest is shown by the medical staff in granting trial visits. It is obvious that Mr. Maisel has no conception of modern psychiatric principles and that he does not appreciate the consideration given to these cases both before granting the trial visit and while the patients are out of the hospital.

Mr. Maisel is further laboring under the mistaken idea that all patients are "committed" to the Lyons Hospital, or at least he gives this misleading impression in the statement that patients who fail to adjust to trial visit status "had to be recommitted." Less than 30 percent of all the patients at Lyons are committed by the courts. The remaining 70 percent are there as voluntary patients and cannot be held against their wishes.

The CHAIRMAN. That is a rather high percentage even at that, is it not? I do not believe the percentage committed in my State will reach as high as 30 percent.

Colonel BAIRD. No sir. I think that that is probably due to the fact that they have received a good many of these hyperactive cases, aggressive patients, from this war and they want them to have legal protection to keep them in the institution.

The CHAIRMAN. I see.

Colonel BAIRD. No. 25:

That in company with the acting chief of the acute service he visited "disturbed wards" for examination of five patients in "seclusion"; that "we peered through a tiny porthole in the doors, into these 'seclusion' cells. Each had a bed as its only furniture. Each held a veteran in a shapeless bathrobe from which

the cord had been removed. These, I presumed, must be dangerously violent patients." That an old man whom Maisel judged to be 90 pounds in weight was stated by the acting chief of the acute service to have been in seclusion to protect him from other patients. Comment was made by Maisel of "a touching bit of consideration, that—"protecting" a man by confining him alone in a locked cell."

According to a signed statement made by Capt. Harry Hoffman, acting chief of the acute service at Lyons, Mr. Maisel visited that service on January 15, 1945, and remained in the building about 20 minutes. He visited three of the four day rooms, two dormitories, the pack room, and a few of the seclusion rooms.

The following is Captain Hoffman's statement relative to Mr. Maisel's reference quoted above—

The CHAIRMAN. Captain Hoffman is the doctor in that hospital?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. Is he in charge of the hospital or is he just one of the doctors there?

Colonel BAIRD. He is one of the doctors there.

The CHAIRMAN. All right. Go ahead. I just wanted to know who he was.

Colonel BAIRD (reading):

On the day of Mr. Maisel's visit the total number of patients in seclusion was two. Mr. Maisel refers to the seclusion room as "cells." These rooms have exactly the same construction as all other single bedrooms in the hospital and are converted into seclusion rooms merely by locking the door. They differ in no respect from a nonmental hospital room such as one might place an appendectomy patient in. They have linoleum floors, a large glass window or windows, and a large radiator behind a protected, metal grill. Construction of the room is exactly the same as that of the manager's office.

One of the two seclusion patients was James Berry. This man is small, of slight stature, who presents as his outstanding symptoms agitation, confusion, verbal activity, physical restlessness, which caused him to wander about constantly touching other patients, engaging them in rambling conversation and by so doing frequently causing other patients to become angry with him and to assault him. Inasmuch as this man is well along in years and possesses a cardiac disease, it was the unanimous opinion of three ward surgeons that he be placed in a locked room in order that he might be protected from the assaults of other patients. This action was ordered only after he had been actually injured on other wards. The second seclusion patient was a man on 2-A who was kept in seclusion because of continuous nudism. Mr. Maisel refers to shapeless bathrobes from which cords have been removed. These bathrobes do not have cords to begin with.

The CHAIRMAN. Now, the reason they do not have cords on them, I presume, is because they might be used by mental patients to hang themselves or each other?

Colonel BAIRD. Yes; that is true; strangulation.

The CHAIRMAN. Yes.

Colonel BAIRD. And they become lost and the fastenings become unfastened; that is, the belt part; they have buttons down the front and it is considered that that is all that is necessary.

The CHAIRMAN. Go ahead.

Colonel BAIRD. It might be stated that seclusion of certain types of mental patients is definitely the best method of handling them. The two cases cited by Captain Hoffman are good examples and another type of patient for whom seclusion is indicated, is one who becomes agitated in the company of others.

No. 26:

That a patients' day room measuring "perhaps 40 by 60 feet, was furnished with about a dozen hard chairs and benches. The rest of the forty-odd patients

had the choice of standing or sitting on the cold concrete floor. Half a dozen were sleeping on the floor, although a dormitory, just across the hall, was filled with beds." Maisel quoted the acting chief of the acute service as saying, "We can't let them stay in bed during the daytime. It's not good for them."

This is definitely a gross distortion of the facts, as Captain Hoffman's statement will show, which states: The furniture of the day rooms of building No. 2 is made up of heavy oak chairs, benches, and tables. The census of the acutely disturbed ward is 74. By count, the number of seats supplied by benches and chairs add up to 66. If all seats are occupied, and if the ward census was up to complete capacity, only 8 patients would have to stand or lie on the floor. However, there are always patients who are working on occupation therapy, details, at recreational events, and so forth, so that in actual practice if all the patients on the ward at any one time were seated there would never be necessity for a patient sitting on the floor in preference to using benches or chairs. Continuous effort is always being made by attendants to persuade these patients to use the furniture. It is obviously poor therapy for a psychotic patient to allow them to stay in bed whenever they wish. An effort is always being made to get them to perform normal daytime activities during the daytime. There are no concrete floors in any day room, dormitory, or hallway.

The CHAIRMAN. In other words, does he mean to state that there was no concrete floor in this? Mr. Maisel said they were lying on the concrete floors.

Colonel BAIRD. Mr. Maisel said they were on the concrete floors and there are no concrete floors.

Mr. VURSALL. Mr. Chairman, in other words, Captain Hoffman proves that there is not a scintilla of truth in what Maisel had to say with regard to this particular ward.

The CHAIRMAN. Certainly, according to this record here, and I presume it quotes from his article, he states that—

they were on the concrete floor—

and he says the patients' day room and so on—

was furnished with about a dozen hard chairs and benches. The rest of the forty-odd patients had the choice of standing or sitting on the cold concrete floor.

Mr. VURSALL. Sixty-six seats of which the total population would be 75 and which are never all there at the same time.

The CHAIRMAN. The truth of the matter is that if every Member of Congress went into the cloak room at one time, at least three-fourths of the Republicans and that many of the Democrats would have to stand because there is not enough room for all of them to sit down.

Mr. CARNAHAN. He means to imply there that only one could sit on a bench.

Mr. McQUEEN. He enumerates the chairs and benches. Maisel assumes that only one could sit on a bench.

The CHAIRMAN. Yes. All right, go ahead.

Colonel BAIRD. All right, sir. No. 27—

The CHAIRMAN. I am glad to get that information about that concrete floor.

Colonel BAIRD. Yes; I think that that is probably battleship linoleum. That is what is on most of them.

No. 27:

That the Acting Chief of the Acute Service reported to Maisel as to the restraints used daily, "30 is about tops"; adding "That doesn't mean all at once; that means 30 in any one day. We take them off every 3 hours."

It is believed that this allegation of Mr. Maisel is appropriately answered by Captain Hoffman, whose statement is quoted before, and this is his statement:

According to this writer's recollection, he did make the statement that 30 restraints a day was the maximum used in building No. 2; 30 patients out of almost 2,000 patients in a mental hospital is not considered a large number of hyperactive, violent patients who require measures to prevent the infliction of injuries upon themselves or others.

The CHAIRMAN. That is only 1½ percent.

Colonel BAIRD. That is right.

Mr. CARNAHAN. On Maisel's visit the statement was made there were only two patients in restraint; is that the case?

The CHAIRMAN. There were only two confined to these wards.

Mr. CARNAHAN. Back on page 18, on the day of Mr. Maisel's visit, the total number of patients in seclusion was two.

Colonel BAIRD. Yes. That is seclusion. He is speaking of something else here.

Mr. CARNAHAN. I see. All right.

Colonel BAIRD. No. 28:

That in answer to Maisel's interrogatory as to the limitation in time of the use of restraints the Acting Chief of the Acute Service stated in part, "After 3 hours the attendant must take the man to the lavatories. Then, if the doctor prescribes it, the restraints may go on again."

Captain Hoffman's comment on this allegation is as follows:

The Acting Chief of the Acute Service gave Mr. Maisel the regulation concerning the use of restraint. The regulations as promulgated are considered humane and obviously for the protection of the patient and in promoting his comfort.

No. 29:

That the vast majority of other veterans' mental facilities are overcrowded—brimful, filled to capacity and far beyond. In September 1944 the facility of Northport, Long Island, had 437 more patients than it was built to hold. Downey, Ill., had an overload of 191; Coatesville, Pa., an overload of 215; Waco, Tex., an overload of 243; Perry Point, Md., an overload of 196. At Northampton, Mass., 992 patients are crammed into buildings built for 770. And at Lyons on January 15, 1945, 1,901 patients were housed in a hospital built for 1,716.

It is believed that this subject of overcrowding has been adequately discussed. I believe you are all aware of the fact that in practically every town in the country, at the present time, hospitals are overcrowded as evidenced by beds being placed in hallways, on porches, and elsewhere in order to meet the wartime demands. I am talking of civilian hospitals. Such crowding in veterans' hospitals is neither disgraceful nor needless.

The CHAIRMAN. Northampton, Mass., is that a veterans' hospital?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. They also have a State hospital there?

Colonel BAIRD. Yes, I believe they have; but we have a mental hospital there, and also at Bedford which is, I think, just less than a hundred miles away.

The CHAIRMAN. He shows here that only 30 patients out of 2,000 are put in restraint. That means $1\frac{1}{2}$ percent. Is that a high number in restraint for a mental institution? Is that a high average?

Colonel BAIRD. Mr. Rankin, I do not know; I have never made a comparison of the different hospitals, but just offhand, I should say that is rather low.

The CHAIRMAN. It seems to me that if you pick out 100—just take 100 patients, as we say down in our country, “gin run” as you come, that means as we come through them, just pick out 100 patients, or we will say 200, it would seem to me that you would be rather lucky if you did not have over 3 in that 200 who would need some kind of restraint to protect them or to protect others from them.

Colonel BAIRD. It would be very unusual, I should think.

The CHAIRMAN. I will say one thing. I have been through our State mental hospitals at home, and I know that from what I saw there and what I heard, patients screaming, and so forth, that that would be an extremely low figure for patients in restraint in one of those institutions.

Colonel BAIRD. Yes; and I should say it was lower than this before the present war because now we have these young actively psychotic patients who are always more belligerent in the early stages of their psychosis than they are later on.

The CHAIRMAN. Go ahead, doctor.

Mr. McQUEEN. Mr. Chairman, I would like to ask a question there about this crowding and overcrowding. There has been a lot of testimony and a lot of talk here about hospitals being crowded and overcrowded and grossly crowded. What is the difference between the term as used by you medical men as to crowded, grossly crowded, or overcrowded—is there any veterans' hospital that is overcrowded to the extent that it does not operate on the usual basis at this time or at any time?

Colonel BAIRD. Not that I know of.

Mr. McQUEEN. Do you make a distinction between a crowded hospital and a grossly crowded hospital other than what the word itself means?

Colonel BAIRD. No, I think not. It has never come up before until this war. I think we would rather use the term “crowded.” We do have crowded conditions, rather than overcrowded conditions, I would say.

Mr. McQUEEN. That is what I am getting at.

Colonel BAIRD. Perhaps some of the individual wards might be overcrowded. In other words, a few more patients than it is well to have there, but generally speaking, I would say that the conditions might be better expressed by the word “crowded.”

Mr. McQUEEN. In other words, to your knowledge, there is no hospital that is overcrowded. It may be crowded but it is not overcrowded; is that right?

Colonel BAIRD. Yes.

Mr. McQUEEN. Now, the square foot, or the cubic footage allowed per patient, was greater in the veterans' hospitals than it generally is in a local, State, or municipal hospital; is that true?

Colonel BAIRD. That is my understanding.

Mr. McQUEEN. From a medical standpoint, is there still enough, with the crowding conditions, leaving out the overcrowding part, is there still enough room for the patient and more room than is often used in a local, State, or municipal hospital?

Colonel BAIRD. I should say more room than is used in many State institutions.

Mr. McQUEEN. Even using the term "crowded"?

Colonel BAIRD. Yes, sir.

Mr. McQUEEN. All right.

Mrs. ROGERS. Colonel Baird, is it not true that it is very bad for the day room to be overcrowded? I found very disturbed patients in very—not just crowded, but very crowded day rooms.

Colonel BAIRD. Yes.

Mrs. ROGERS. And they were obviously disturbing the other patients.

Colonel BAIRD. Yes; especially on Acute Services. Precautions are taken, I think, everywhere, to see to it that the Acute Services are not too crowded in the day rooms, because when patients bump up against each other, they annoy each other and are apt to injure each other.

Mrs. ROGERS. In some of those day rooms, I discovered that some of those patients did not like one of the doctors very well and he was surrounded by attendants.

Colonel BAIRD. Yes.

The CHAIRMAN. All right, Doctor, you may proceed.

Colonel BAIRD. No. 30:

That the Veterans' Administration does not admit that overcrowding actually exists and that capacity has been "increased" by the simple device of adding so-called emergency beds, a process which has "already crowded more than 3,000 extra beds into spaces never designed for them and which can go on indefinitely."

This allegation has been discussed previously.

No. 31: Now, this has to do with Northport and in passing there, someone made the statement some time ago that he found no operating room at Northport. I have forgotten who that was, but there is an operating room at Northport, just as there is at every other hospital.

The CHAIRMAN. Is Northport in the State of New York?

Colonel BAIRD. Yes; on Long Island.

The CHAIRMAN. Is that the general medical surgical hospital?

Colonel BAIRD. No, sir; that is the NP hospital.

The CHAIRMAN. How many beds are there, do you know, in that hospital?

Colonel BAIRD. About 2,800.

The CHAIRMAN. How many patients?

Colonel BAIRD. About 2,800.

The CHAIRMAN. All right. Go ahead.

Colonel BAIRD. No. 31:

That "At Northport, I found day rooms and even a dining hall converted into such 'emergency bed' wards, while patients were forced to eat in a relocated dining room, underground, in a dank cellar. At Lyons, even the 'disturbed' patients' dormitories have been crowded so that rooms designed for 22 beds now hold 33 and more."

Mr. Maisel visited Northport several months ago, remaining on the station from about 11 a. m. until 4 p. m. During his visit he interviewed the manager, Col. Louis F. Verdel, the clinical director, Lt.

Col. H. E. Foster, and the chief of the research unit, Lt. Col. James Huddleson.

Colonel Verdel's comment on the specific allegation is as follows—this has to do with this dining room being in the “dank” basement:

In this allegation I presume that Mr. Maisel refers to our dining room in building No. 9. It is true that in order to provide additional beds to take care of patients coming from the Army, the dining room on the first floor of this building was converted into a dormitory, and the dining room was moved to a room in the basement. This room is 30 feet by 44 feet 9 inches plus a space 13 feet 6 inches by 26 feet which is used as a diet kitchen. The floor to this room is 5 feet below ground level; the ceiling is 5 feet 3 inches above ground level. There are 7 windows, 36 inches wide by 36 inches high with 16 lights of glass; 7 windows 44 inches wide by 36 inches high with 20 lights of glass; 1 window 28 inches wide by 36 inches high with 12 lights of glass in this room. Proper ventilation is maintained from three directions. There are draperies at these windows, and tablecloths are supplied for the tables. I would not consider this an ideal dining room, and neither would I say that is was objectionable.

The CHAIRMAN. I think somebody testified the other day that they went to this hospital. That was Mr. Kearney, was it not, and he answered that question about this being a “dank” dining room. I told him that “dank” always made me think that there was an old well or something of that sort, and he said what he meant by that was that it was dark, and I asked him if it was as dark as this room is and he said “No.” It that right? That is my recollection.

Mr. SCRIVNER. That is substantially correct.

The CHAIRMAN. I remember that remark and several others do. So if it was as light in that dining room as it is here, I submit that this is a gross misrepresentation and flagrantly misleading.

Mr. VURSELL. Mr. Chairman, I was just going to say that this description, which apparently is correct according to feet and inches, windows lights, with the number of windowpanes, with about 10 feet between floor and ceiling, with cross ventilation and lights, curtains, and tablecloth is quite a different description from that Mr. Maisel gave before our committee.

The CHAIRMAN. Yes, that is right. Go ahead, Doctor.

Colonel BAIRD. Yes, sir.

No. 32:

That at Northport, Long Island, in August 1944, only 19 patients were discharged as having achieved “maximum hospital benefit” while 89 were discharged “against medical advice,” despite the fact that these are all legally committed patients who cannot leave of their own free will.

Colonel Verdel's comment on this allegation is as follows:

In this allegation, Mr. Maisel has strayed from the facts, and has only stated half truth. In August of 1944, the records of the clinical records office disclose that we had 193 admissions and 133 discharges. It is true that 89 of these discharges were against medical advice. It is not true that we had only 19 discharged maximum hospital benefit. We had 28 discharges as maximum hospital benefit, and the 89 that were discharged against medical advice were not legally committed patients as stated by Mr. Maisel. As we all know, the majority of our admissions have been coming direct from the Army. In many instances the relatives were here 1 or 2 days after the patients were admitted demanding their discharge. The records disclose that the average stay in the hospital of 86 of these 89 patients was 17 days. Their discharges were demanded before we had had an opportunity to get them before the medical staff for final diagnosis. We had a number of cases that were minors and the relatives refused to sign the voluntary admission application. Every effort was made to prevail upon the relatives that the patients should remain at least until they had been taken before the staff, and those discharged against medical advice were cases that were either

in remission, or partial remission, or questionably psychotic. In each instance the relatives were given the benefit of all the information that we had on the patient. In no instance in August or any other month have we discharged a patient against medical advice who has been legally committed to the institution.

I think that is very clear.

The CHAIRMAN. It is certainly clear and refutes what Mr. Maisel has had to say about this proposition because he misled the public into believing that these were patients that had been legally committed to the institution and that they were discharged against medical advice, when, as a matter of fact, they were voluntary patients and their parents came to take them home.

Colonel BAIRD. That is right.

The CHAIRMAN. They had not seen them for a long time, and they thought they would get along better if they had them at home where they could look after them, and probably they were correct about it. In many instances, I am sure they were.

Colonel BAIRD. And had the hospital authorities had any inkling of suspicion that they might be dangerous to themselves or others, or a bad influence in the community, they would have taken steps to have them committed.

The CHAIRMAN. Yes.

Colonel BAIRD. They would not have gone home against medical advice.

No. 33:

That the clinical director at Northport in answer to a question as to the advisability of discharge of mental cases against medical advice responded, "The veterans' hospitals feel that, as long as they are not violent, there is no harm in letting them go against medical advice."

The clinical director, Lt. Col. H. E. Foster, has submitted the following quoted signed statement regarding this allegation:

He asked about discharges and the clinical clerk was requested to furnish the figures. He asked why so many were going against medical advice, and I explained to him that many of the patients' families could see nothing wrong with their sons or brothers, and if they did they felt that the patient would get along better and quicker at home. He was told that every relative was talked to and advised by me to allow their patient-relative to remain here until examinations and treatments were completed. He was told of the excellent facilities we had here for treatment. He was advised that it was no unusual thing for relatives to come to the hospital with the patient and his Army attendants or to come the next day or so and demand their discharge. He was told that every new admission was interviewed and examined by the admitting officer—or officer of the day, if after hours—the physician assigned to examine the veteran and present him to staff with recommendations, and also by myself to determine their mental status, likelihood of self-destruction, suitability for the reception ward, need for immediate medical or psychiatric treatment, and their suitability for admission as a voluntary patient.

The criteria for discharge against medical advice was explained to him, viz, that they would not be likely to harm themselves nor to injure others; and that if we feared either of these and the family refused to cooperate, we then sent them to Bellevue or Kings County Hospital for commitment under the mental hygiene laws of the State of New York. He was told that in every case of discharge against medical advice the reception officer, examiner, and I conferred prior to such discharge—

Now, you see, that constituted a board of medical officers to pass upon the advisability of letting this man go against medical advice.

Mrs. ROGERS. Colonel Baird, did you receive a telegram or did the Bureau, do you know, from the chairman of the committee of the postwar medical service of the American Medical Association?

Colonel BAIRD. No.

Mrs. ROGERS. Medical doctors protesting against the men in the medical service of the Army going into the Veterans' Administration service?

Colonel BAIRD. I read it in the paper; that is all I know about it.

Mrs. ROGERS. They believe it could not be considered military service and they condemn the proposal, you recall, because it is not sufficiently scientific.

The CHAIRMAN. What was that question?

Mrs. ROGERS. This telegram came from the chairman of the committee on postwar medical service, American Medical Association. You probably received one, Mr. Chairman, also?

The CHAIRMAN. If I have, that is about the only thing that I have missed, because I think everything else that comes to my office—

Mrs. ROGERS. They are protesting the assignment of the doctors who are now in the Army to the Veterans' Administration medical service.

The CHAIRMAN. Why?

Mrs. ROGERS. Well, I will read one paragraph. I will read it all and put it all in the record if you wish.

The CHAIRMAN. No; I just want to know why they are protesting.

Mrs. ROGERS (reading):

Communications addressed to the officers of the American Medical Association expressed the fear that they may be assigned on their return to the United States to service with the Veterans' Administration. The unwillingness to serve with the Veterans' Administration is based not only on their belief that this cannot be considered military service, but also on the point of view that competent scientific medical care is difficult under the conditions that prevail in the Veterans' Administration hospitals.

Well, that is very much in line with what you have been stating there. You are not satisfied yourself.

The CHAIRMAN. Maybe they are aware of the class of doctors that the Army has been shoving over to the Veterans' Administration because the Army did not want them.

Mrs. ROGERS. Well, the Army did not want to do it in the beginning, either.

The CHAIRMAN. The Army has been shoving on to the Administration a class of doctors that they did not want, and probably that was one thing that inspired such a protest. I think that will all come out in due time.

Go ahead, Doctor.

Colonel BAIRD. This is still Lieutenant Colonel Foster talking:

We discussed the mental-hygiene laws of New York—he, probably to learn if I knew anything about them—and he was advised that patients committed to our care were never discharged outright but granted a leave of absence or trial visit. The man is absolutely vicious in his misstatements regarding allowing "legally committed patients who cannot leave of their own free will."

I categorically deny making any statement regarding any policy and emphasized our solicitude for them to remain till properly disposed of, as stated above, that they might receive proper care and keep their records clear with the Veterans' Administration.

No. 34:

That the first electro-shock instrument in the entire veterans' system was acquired only in October of 1942 and that it was not until late in 1943 that electro shock was widely introduced into the veterans' mental hospitals.

There was a delay in the procurement of the first electric-shock machine for the research unit at Northport—this information I obtained from others in the office. I was not in Washington at the time, where this therapy was first administered, because of priorities, and this element delayed the procurement of subsequent equipment for the other neuropsychiatric hospitals. Physicians were sent to Northport for training in this method in November 1942, and immediately steps were taken to introduce this therapy in other hospitals. This was accomplished as soon as equipment could be procured and physicians trained to administer it.

No. 35:

That at Northport he found electro shock administered by a single physician, Capt. Leon Rackow, whose duty it was to give the treatment to several hundred men every week; that Captain Rackow's main job was to care for the inmates of an entire building—225 patients—and that electro shock was just a "side line."

As to this allegation, there is quoted below the comment of Colonel Verdel—

The CHAIRMAN. Colonel Verdel is a doctor in this institution, is he?

Colonel BAIRD. Yes, sir; he is the medical officer in charge.

The CHAIRMAN. Yes. Go ahead.

Colonel BAIRD (reading):

This, also, is a misstatement. At the time of Mr. Maisel's visit to this station we had two physicians assigned to electro-shock treatment, Captain Kashe and Captain Rackow, and we were only treating 25 patients with electric shock—

The CHAIRMAN. This is Captain Verdel you are quoting?

Colonel BAIRD. Yes, sir.

The CHAIRMAN. I wish you had a habit of calling these men doctors instead of captains and colonels. To anyone reading this record, it is a little confusing. I would much rather that you get off that military line and call these men doctors rather than by their rank.

Colonel BAIRD. Well, I can refer to them as that, and it will be clearer.

The CHAIRMAN. That is all right. We can understand it here, but when it comes to reading this record, I am not sure that everyone will understand that.

All right, go ahead.

Colonel BAIRD (reading):

At the present time we have 50 patients undergoing electric shock, and expect in the near future to increase this to 100. There are two physicians assigned to one building that is devoted entirely to electric-shock treatment. That part of the allegation which refers to the number of patients on Captain Rackow's ward is correct.

The CHAIRMAN. How long does it take to give one of these shocks?

Colonel BAIRD. Only a few moments. Only a few moments. It takes a little time to get him up to the table.

The CHAIRMAN. A hundred patients. Is that a large number for a couple of doctors to give these shocks to?

Colonel BAIRD. No; that is not such a large number because they are wheeled in one right after another in rapid succession, the shock is given, the man is thrown into an immediate tonic spasm and has a convulsive seizure which lasts just a few moments and then he is taken back into a recovery ward and put in bed, and another one is wheeled

in almost immediately, so that many treatments can be given in a comparatively short time.

Mrs. ROGERS. If the reaction is not good, do they give a second shock treatment?

Colonel BAIRD. At the time when the shock is given, if the desired reaction does not ensue, with the amount of voltage that is used, then the voltage is increased somewhat.

Mrs. ROGERS. I saw them giving a shock treatment at one hospital. The man did not react, and he was even more disturbed than before, and they planned to give him another shock treatment immediately. I wondered if that was customary.

Colonel BAIRD. No; that is not customary. Sometimes it is done, but ordinarily they give them daily, or four times a week.

Mrs. ROGERS. The other men in the recovery ward were very quiet and apparently had been benefited by the shock treatment.

Colonel BAIRD. Yes.

Mrs. ROGERS. It is very helpful in the World War I cases, is it not?

Colonel BAIRD. It is very helpful in the involutional cases, those depressed cases, not only the involutional cases, melancholia, but in the depressed phase of depressed insanity and I think it is given in some cases in the private hospitals for psychoneurotics, especially the compulsive group.

Mr. SCRIVNER. Doctor, would you mind going into a little more detail on this shock treatment? The purpose of it and the effect and what the reaction is, and what the eventual result will be that is desired?

Colonel BAIRD. The theory of the shock therapy is that the shock released the normal mental mechanism and blocks out the abnormal. It is purely theory.

Mr. SCRIVNER. Well, now, what does that mean to the man in the street?

Colonel BAIRD. Well, it means that perhaps it has some effect upon the impulses—I do not know whether I can express it or not—the emotional impulses coming from a part of the brain called the thalamus, the mid-brain, and passing to the frontal lobes of the brain and affecting the man's personality, making him depressed.

Mr. SCRIVNER. Well, give us an example of some particular type. The reason I ask is because since these shocks treatments have been discussed rather widely, I have had a great many inquiries about what they are and what the purpose of them is. Some people, of course, are skeptical. I profess to know nothing whatsoever about them.

The CHAIRMAN. Are they in any way injurious, Doctor, these shock treatments?

Colonel BAIRD. Sometimes they are.

The CHAIRMAN. Sometimes they are injurious?

Colonel BAIRD. Yes.

The cases that are regarded as being favorable to shock therapy are in the main the depressed cases, those who are so depressed that they are on the verge of suicide, and that sort of a symptom complex, is characteristic of the involutional melancholia cases that occur in men passed middle life, or at middle life.

Mr. SCRIVNER. We would probably call it despondency.

Colonel BAIRD. Well, you can call it despondency or melancholia is a term often used. And then, in the depressed phase of a condition known as manic-depressive insanity which is popularly called circular insanity, where the patient may go for months or years, be perfectly normal and then become inordinately depressed, and remain so for months, and then become normal again, or the next time he becomes ill, he may be very much agitated and be very busy, doing one thing and another, and accomplishing practically nothing, working night and day, very hyperactive mentally, just the opposite from depression.

Electric shock has been given also in those hyperactive states, with some success, and then it is also given to cases of dementia praecox, that are called the catatonic type—those who will not speak, will not eat, will not take anything by mouth, and who sit for hours rigidly in their chairs. It has helped those, particularly in cases that are early.

If a condition has existed for 6 months or a year or more, the value of shock therapy rapidly wanes, so that it is indicated, then, chiefly in the early cases of mental disease.

Mr. SCRIVNER. Well, now, when the shock is given, just take it from there, and what is it blocks out. I would like to have a picture of that because I know I am going to be asked about it.

Colonel BAIRD. The patient is—first of all, there are contraindications to the giving of electric shock. A patient may have all these symptoms and still not be given electric shock. He may have active pulmonary tuberculosis; he may have chronic heart disease, coronary disease, disease of the heart muscle; he may have acute nephritis, chronic nephritis, Brights disease; he may have some bone disease, especially of the spine, that might result in a serious injury during the convulsive seizure that follows the administration of the shock, so that all patients are examined very carefully from the physical standpoint, X-rays are taken beforehand of the bones, and laboratory tests are made so that one may be sure there are no contraindications.

Then, before the man is placed on the table, he is taken to the bath-room, of course, and the bladder is evacuated—if he has false teeth they are removed; if he has anything in his mouth at all, that is removed, and he is then placed on a table, and usually about four attendants surround the patient to hold him during the convulsive seizure.

A pad is placed under the small of the back in order to hyperextend the spinal column, to reduce the possibility of injury to the spine; the head is held low, without a pillow, and then the electrodes are placed on the temples and the physician who is administering the treatment gives the signal to those who are standing by that he is ready to give the treatment, and the electricity is turned on and from a hundred, I think, to 110 or 120 volts pass between the electrodes into the brain.

The patient is immediately thrown into a toxic spasm during which all of his muscles are held rigid and extended. Breathing stops momentarily and then a convulsion follows, a major convulsion, just like you would see in an epileptic, with frothing at the mouth and all that. A mouth gag is put between the teeth to keep the tongue from being bitten and the teeth from being bitten, a rubber gag, and then, as he is subsiding from this convulsive seizure, he is taken back into the room and put into bed, where special attendants are in charge.

Now, that is repeated at different intervals, depending entirely upon how the patient reacts.

Mr. SCRIVNER. Well, now, after that shock is given, what does it do that will bring about a relief from the mental condition in which we find him?

Colonel BAIRD. No one knows. No one knows what it does.

Mr. SCRIVNER. Well, what is the reaction that takes in the shock that is supposed to bring about some relief?

Colonel BAIRD. No one knows, Mr. Scrivner.

The CHAIRMAN. What is the result?

Colonel BAIRD. The result is an improvement in mental symptoms.

Mr. SCRIVNER. I thought you said something about blocking out something.

Colonel BAIRD. Oh, that is only theory, that is only theory; the same theory there is that that has been advanced for the prefrontal lobotomy, and that is that it makes less active, let us say, those emotional elements that have come to predominate the mental picture in that individual.

Mr. SCRIVNER. In other words, if there is some mental condition that causes this man to be depressed or despondent and he gets these treatments, they are—ethically at least, that is—supposed to eradicate those things that are bringing about that mental condition?

Colonel BAIRD. Yes; and release the normal functions.

Mr. KEARNEY. Has any man been injured as a result of taking these treatments?

Colonel BAIRD. Serious injuries are very rare, but minor injuries are not so uncommon.

Mr. KEARNEY. Such as broken backs?

Colonel BAIRD. Yes; that occurs occasionally.

Mr. KEARNEY. Broken vertebraes?

Colonel BAIRD. But the majority of those cases, that show by X-ray, changes in the spinal column, are simply findings of X-ray and they are not disabling.

Mr. KEARNEY. Well, have a lot of bone fractures followed the taking of these shock treatments?

Colonel BAIRD. There have been.

Mr. KEARNEY. What type of bone fractures would they be, Doctor?

Colonel BAIRD. Well, there have been fractures of the femur, of the big bone of the thigh, and dislocations; fractures of the pelvis. It is almost inconceivable, but they have happened.

Mr. KEARNEY. Is the treatment worth it, then?

Colonel BAIRD. Well, one wonders, perhaps, in cases of that kind.

Mr. KEARNEY. Well, I simply bring that out to you because I have been advised that following these shock treatments there have been numerous men who have suffered fractures, broken vertebrae, and broken backs.

Colonel BAIRD. Right.

Mr. KEARNEY. And I am simply wondering in my own mind, not being a doctor, as to whether the treatment even if it is approved, is worth the tremendous injury that the patient receives to himself after some of these treatments.

Colonel BAIRD. Well, again, it is a question of averages. The vast majority are not injured.

Mr. KEARNEY. Do you know how many were injured at the Northport facility?

Colonel BAIRD. No; I do not know offhand.

Mr. KEARNEY. Could you get those records?

Colonel BAIRD. Yes; we can get those records.

Mr. CARNAHAN. Well, are not the number of injuries growing less rather than increasing and weren't some of those injuries as a result of restraints that were applied during the application of the shock treatment?

Colonel BAIRD. Following the shock?

Mr. CARNAHAN. No; while the shock treatment was being put on, the restraints that were being placed on the patient might result in an injury. I know I observed the shock treatment and was told they had to be very careful about the restraints.

Mr. KEARNEY. The cases I spoke about were following the shock treatment.

The CHAIRMAN. I understand that Maisel complained that they did not install this treatment in this hospital earlier than in 1942; is that correct?

Colonel BAIRD. Yes.

The CHAIRMAN. Now, let me ask you, Doctor, do they apply this treatment in State hospitals and private sanitariums?

Colonel BAIRD. They do give it in many of the hospitals; yes, sir.

The CHAIRMAN. In other words, is this a standard treatment?

Colonel BAIRD. Oh, yes; it is standard treatment.

The CHAIRMAN. Now, from your observation, what effect does it ordinarily have on the mental patient, Doctor?

Colonel BAIRD. Well, we made a survey—I am sorry, I did not bring that with me—6 or 8 months ago of the entire service of all of our hospitals, and compiled a report made up of the individual reports from those hospitals, on the results of electric shock therapy, and the incidents of improvement following electric shock therapy were around 70 percent.

The CHAIRMAN. You mean 70 percent of the patients improved?

Colonel BAIRD. Seventy percent of the patients who were treated improved; yes.

The CHAIRMAN. To what extent did they improve? Do you have any figures on that?

Colonel BAIRD. Well, they divided it up into five degrees of improvement, as I recall, many of them had a complete cessation of symptoms, others were markedly improved; others were improved; others were slightly improved.

The CHAIRMAN. You mean some of them were completely cured?

Colonel BAIRD. Again, I do not know whether I should use the word "cured" or not, because they were all psychotic; they at least recovered from the attack.

There is a healthy skepticism about all these shock therapies among medical men. In another 10 years, we may not be giving electric shock treatments at all. Something else may be in vogue. So that, I feel that it is not the answer, the final answer, at all.

Mr. SCRIVNER. Now, Doctor, when these shock treatments are given, are the prospective results, that is both mentally and physically, ex-

plained to those men who are mentally capable of understanding the explanation and to their parents or families?

Colonel BAIRD. Yes, indeed; in every instance, the consent—I neglected to mention that—the consent of the nearest relative must be obtained before any of these treatments are given.

Mr. SCRIVNER. Now, are they told before they give that consent that there is a possibility of some physical injury, and there is a possibility that it will do no good as far as the mental condition is concerned?

Colonel BAIRD. That is true. They are told that it is purely an empirical method of therapy.

Mr. ENGLE. Purely what kind?

Colonel BAIRD. Empirical, experimental.

Mrs. ROGERS. Colonel Baird, is it not true that you have had very fine results when you used the electric shock on the World War I veterans that came out and seemed depressed and confused? Only one treatment seemed to cure them. That is what they told me at one of your NP hospitals.

Colonel BAIRD. Results have been exceedingly favorable.

Mrs. ROGERS. Better with them than with older men; is that true?

Colonel BAIRD. Yes; and in some of the younger men with beginning psychosis.

Mr. ENGLE. How many death cases have you had resulting from the administering of this type of treatment?

Colonel BAIRD. From electric shock?

Mr. ENGLE. Yes.

Colonel BAIRD. I do not recall of any. Now that is not true of prefrontal lobotomy.

Mr. ENGLE. That is the one you were criticized for not doing more often?

Colonel BAIRD. That is right.

Mr. ENGLE. In this particular type of cure you do not know of any death cases; is that right?

Colonel BAIRD. That is right.

Mr. ENGLE. There is no criticism. I take it, that the use of this type of treatment—that is, it is generally accepted in medical circles?

Colonel BAIRD. Oh, yes; generally accepted throughout the country, throughout the world, I think.

Mr. ENGLE. Now, the fellow who is subject to the treatment, he does not have too much to say about whether he gets it or not, because he is not considered capable of passing on that question?

Colonel BAIRD. That is right. The man himself. I should say, in most instances, is given the treatment without his personal consent.

Mr. ENGLE. Do they often object to it, or resist violently, or not?

Colonel BAIRD. No; and the beauty of the electric shock treatment is this, there is no memory whatsoever of having had the treatment. There is a complete amnesia, a complete forgetfulness of the whole thing.

The CHAIRMAN. So that the physical pain does not occur?

Colonel BAIRD. There is no pain at all and there is what we call a sort of a retrograde amnesia. They do not even remember having been wheeled into the room or taken down to the electric shock room. There is absolutely no pain or discomfort.

Mr. CARNAHAN. There are no objectionable after effects unless there should be a broken bone or something of that sort?

Colonel BAIRD. That is right.

Mr. CARNAHAN. That is, they are not sick after they wake up?

Colonel BAIRD. No.

Mr. CARNAHAN. I visited the North Little Rock facilities, and Dr. Campbell there told me that 80 percent of the patients treated give what they consider favorable reaction to the shock treatment.

Colonel BAIRD. Well, that is higher than the general average.

The CHAIRMAN. You said 70, Doctor?

Colonel BAIRD. About 70.

Mr. CARNAHAN. He classed these as giving favorable reaction to the shock treatment. He did not say they were completely cured.

The CHAIRMAN. The doctor did not say 70 percent were completely cured, either, but 70 percent were improved.

Colonel BAIRD. Yes.

Mr. KEARNEY. Mr. Chairman, I have here some excerpts that I would like to put in the record, I think, along with the testimony of Dr. Baird. It is the report from a commission appointed by Gov. Thomas E. Dewey of the State of New York on this Care of the Mentally Ill in the State of New York, and the figures, comparison figures, and some of the items are marked. It is not very much, but I would like to insert it at this point. The pages are marked. I did not want to take the trouble to read it.

The CHAIRMAN. Do you want them to go in with his statement?

Mr. KEARNEY. No; following his statement.

The CHAIRMAN. What does it show, Mr. Kearney? Does it show a favorable result? I am just asking for my own information.

Mr. KEARNEY. It shows, for instance—and I do not want to interrupt the doctor's testimony here—

The CHAIRMAN. That is all right. Go ahead.

Mr. KEARNEY. It shows that the number of State institutions increased from 13 to 21 over a period of 1923 to 1942. It shows the resident patient population increased from 38,000 to 73,000 and that the number of patients on parole under family care increased from 3,300 to 9,900.

That the number of patients under care per hundred thousand population increased from 403.6 to 666.9.

It is just a comparison.

The CHAIRMAN. That load in New York reached 76,000 in 1944. I noticed it last night in looking over the census books.

Now, Doctor, we are going to adjourn until 10 o'clock tomorrow morning. We will meet here at 10 o'clock in the morning to continue.

We have to answer a roll call.

Mrs. ROGERS. I enjoy your testimony in psychiatry, Doctor.

The CHAIRMAN. I regret every Member of Congress could not be here to hear you, Doctor.

Colonel BAIRD. Thank you.

The CHAIRMAN. We will adjourn until 10 o'clock tomorrow morning.

(Whereupon, at 4 p. m., Thursday, June 7, 1945, the committee adjourned to reconvene at 10 a. m., Friday, June 8, 1945.)

INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

FRIDAY, JUNE 8, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,
Washington, D. C.

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order.

Before we take up this morning the testimony there is a matter I would like to talk over with the committee.

The veterans' organizations are very anxious to be heard and some of them have asked me if we could set aside—take them on next Tuesday. Now, what do you think about it? I want to know if it is satisfactory with the committee.

Mr. KEARNEY. Well, Mr. Chairman, speaking for myself, I was opposed to that last week, but in going over with the veterans' organizations some of this legislation, particularly pertaining to the bill the chairman offered, and also important amendments to the GI bill, with a recess coming on in July, I think it would be well if the committee would take a day off.

The CHAIRMAN. Well, this is not taking any time off. This is to hear the veterans on the investigation.

Mr. KEARNEY. Oh, on the investigation.

The CHAIRMAN. Yes.

Mr. McQUEEN. I made a schedule for next Tuesday but it looks as if we would not reach it the way we are going along here.

The CHAIRMAN. Well, the veterans' organizations have good reasons for it and they have asked me if we could arrange the schedule for them to start in next Tuesday morning at 10 o'clock.

Now, it suits me all right but I told them I was subject to the committee and whatever the committee wants to do about it is all right with me.

Mrs. ROGERS. Mr. Chairman, I think it is important.

With the men coming back we will have to amend the GI bill.

The CHAIRMAN. You voted on it the other day.

Mrs. ROGERS. No, I voted on the hospital bill. I think you will find that in the record.

The CHAIRMAN. I am inclined to take a couple of days out to consider this legislation that I consider vitally necessary, but the com-

mittee voted me down and passed a resolution to continue this hearing until it was completed, without interruption, and you all voted for it. It was offered by one of the members here who has not been very well, has spent a very small portion of his time in the committee with the hearing but you voted for it, the majority, and I am not asking to interrupt that program because I want this investigation continued until it is concluded but I would like to comply with the wishes of these veterans' organizations that they may be heard beginning, I may say, at 10 o'clock next Tuesday.

Mrs. ROGERS. Mr. Chairman, I have not finished. I would like very much to have them here, and also, Mr. Chairman, I would like very much to have Mr. Bolte, head of the disabled veterans of this war, here also. They have a new point of view, the disabled veterans of this war, and they represent the disabled veterans of this war. Most of them are very badly disabled, and I think they are entitled to be heard.

The CHAIRMAN. Is there any objection to sitting next Tuesday at 10 o'clock to hear these organizations?

Mr. PICKETT. Mr. Chairman, what is the program of the House?

The CHAIRMAN. Oh, I do not know. I have almost lost track of what is going on in the House.

Mr. PICKETT. I have no objections to hearing those veterans' organizations at the earliest opportunity and as far as I am concerned Tuesday is satisfactory.

The CHAIRMAN. Is there any objection to that arrangement?

Mrs. ROGERS. I have none.

The CHAIRMAN. It is so ordered, and next Tuesday at 10 o'clock we will hear the veterans' organizations, that is, the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans, and the Military Order of the Purple Heart, four veterans' organizations.

Mrs. ROGERS. Mr. Chairman, I move that we hear on that day the disabled veterans of this war.

The CHAIRMAN. It has been consigned to the present veterans' organizations. If you start that, we will have a dozen of these veterans' organizations coming in.

Mrs. ROGERS. Well, I think, under the House rules, you have to put my motion to a vote. I moved that we hear that organization.

The CHAIRMAN. We have already adopted the program.

Mrs. ROGERS. I move that we hear the disabled veterans of the new organization.

The CHAIRMAN. We have some correspondence out to the representatives of that organization, and when that information comes in, why, we will be in a better position to discuss it.

Mrs. ROGERS. I make my motion, Mr. Chairman. It can at least be voted up or down.

Mr. VURSELL. Is there a quorum present?

The CHAIRMAN. Yes. But I think that motion ought to be laid on the table, as far as I am concerned, until we get further along with this investigation.

Mr. VURSELL. I move that the motion be laid on the table.

Mrs. ROGERS. I move we vote on it.

Mr. KEARNEY. There is no quorum present.

(The motion was voted and carried.)

Mr. VURSELL. There is no quorum present.

The CHAIRMAN. All right. Now, that is what you stirred up.

Mrs. ROGERS. I am very glad to stir it up.

The CHAIRMAN. You have interrupted now this whole proceeding, because there is no quorum, and we cannot proceed without a quorum.

Mrs. ROGERS. I did not bring up the quorum.

The CHAIRMAN. We will hear that organization if it is a veterans' organization. We are in correspondence with it now, and I want to say we are just as much in sympathy with the disabled veterans as anybody in the whole country, but we are not going out just picking up every organization and dragging it in here to take up the time of this committee that is vitally needed now to carry on this investigation.

Mrs. ROGERS. Well, they are entitled to be heard.

The CHAIRMAN. Well, that is the way I felt back in the days when you were supporting the economy bill and broke these veterans' hearts.

Now, you have stopped this hearing for the morning. I am going to ask for a roll call to see if there is a quorum present. I am going to ask that the roll be called to see if a quorum is present.

(A roll call was made, the clerk announcing 10 members present.)

The CHAIRMAN. Well, that is not a quorum.

The CLERK. That is not a quorum.

Mr. VURSELL. Mr. Chairman, could we not proceed with the investigation of witnesses with 10 men present and drop this other controversy.

The CHAIRMAN. As far as I am concerned we can.

Mr. VURSELL. It is unfair to them.

The CHAIRMAN. Yes.

Mr. KEARNEY. I would like to adopt a motion to carry on the investigation.

The CHAIRMAN. We do not have a quorum to conduct this investigation. I can do it with one person.

Colonel Baird, come around and continue your statement.

Mr. KEARNEY. Mr. Chairman, I was asking the doctor some questions yesterday on the shock treatment at Northport Hospital. I have a few more questions. May I proceed?

The CHAIRMAN. Yes.

Mr. KEARNEY. Doctor, yesterday——

The CHAIRMAN. Now, gentlemen, I believe there is a quorum present now and I would like to dispose of this motion.

The Lady from Massachusetts made a motion that we invite a new veterans' organization down here to be heard in this investigation.

I thought it was premature. We are in correspondence with that organization now, and the gentleman from Illinois, I believe, made a motion to lay the motion on the table.

Now, the question is, Shall the motion be tabled?

Mrs. ROGERS. Mr. Chairman, I should like to state for the benefit of those who just came in that the organization is made up of the disabled veterans of this war.

The CHAIRMAN. I want to say to the gentlemen also that Mr. McQueen, the counsel, is in correspondence with this organization to find out just how it is set up and the strength it has and the advisability of calling them in here on this investigation, and we prefer to do that before we go off on any tangent of this kind.

Mr. BENNETT. Mr. Chairman, is that the organization that we all received letters from a few days ago?

The CHAIRMAN. I think it is.

Mr. BENNETT. If it is, they said they did not want to appear before us.

Mr. SCRIVNER. Mr. Chairman, I apologize for coming in late but I had a little delegation.

The CHAIRMAN. That is all right.

Mr. SCRIVNER. May I ask what veterans of this war you are referring to?

Mr. MCQUEEN. It is called the American Veterans Committee.

The CHAIRMAN. It is called the American Veterans Committee, a man named Bolte.

Somebody advised the other day to take it out of the hands of this committee and put it in a special committee.

Mr. BENNETT. They said they did not want to appear.

Mr. KEARNEY. The head of it is a discharged British soldier. He served with the British Eighth Army and lost a leg at El Alamein.

The CHAIRMAN. There are several alleged veterans' organizations that have asked to be heard and we are investigating them.

Mr. VURSELL. Mr. Chairman, the reason I made the motion was to give the committee an opportunity to investigate and to see whether this is a disturbing paper organization or an organization with all those things necessary to be known as a responsible organization.

Now, if we go to work and call in everybody that wants to write a letterhead saying that they are the head of some veterans' organization, we will never get through with this investigation; and certainly with the American Legion, the Disabled Veterans and other recognized organizations, we ought to at least hear them before we branch out and continue this investigation through channels of that kind.

I think at the present time this motion should be tabled.

(The question was put and the motion was carried.)

Mrs. ROGERS. I would like a showing of hands.

The CHAIRMAN. All right.

(There followed a vote by the raising of hands.)

The CHAIRMAN. The motion is carried 10-to-1.

Mrs. ROGERS. I would like a roll call on it.

The CHAIRMAN. What?

Mrs. ROGERS. I would like a roll call.

The CHAIRMAN. All right; call the roll.

Mr. KEARNEY. Mr. Chairman, I would like to say this man, Mr. Bolte, testified before our committee yesterday on the postwar military set-up, and he made a very fine statement there and upon being questioned as to what his organization consisted of I understood him to say it was a committee formed of veterans of this war with about 3,000 members all over the country.

The CHAIRMAN. I am not opposed, gentlemen, to hearing any legitimate organization, but I want it investigated first. The clerk will call the roll.

(Following a roll call the clerk announced the vote as 10 ayes, 1 no.)

The CHAIRMAN. All right. The motion is tabled.

FURTHER STATEMENT OF COL. JOHN H. BAIRD

The CHAIRMAN. Dr. Baird, you will proceed with your statement.

Mr. KEARNEY. May I ask a few questions?

The CHAIRMAN. Yes. Go ahead.

Mr. KEARNEY. Yesterday, Doctor, there were some questions asked concerning the use of the so-called shock treatment, especially at the Northport Hospital.

As I understood your testimony, you are in charge of the so-called NP hospitals. Can you tell this committee whether there have been any cases of abuse of patients that have been brought to the direct attention of the Veterans' Administration from this hospital?

The CHAIRMAN. Let me say to the committee before I go, I understand General Bradley is going to be appointed head of the Veterans' Administration, and I am going now to get in touch with him and invite him to come before the committee, and when we get to where we can have a breathing spell, to have him also come before us and discuss the legislative program.

(Mr. Pickett assumes the chair.)

Colonel BAIRD. You spoke of abuse, Mr. Kearney.

Mr. KEARNEY. Yes.

Mr. BAIRD. Yes; I recall a few instances of alleged abuse that were brought to the attention of—

Mr. KEARNEY. Well, now, you know in your own knowledge whether there have been at least 15 assigned troops, who were assigned to duty at this hospital, court-martialed as the result of abuse of patients.

Colonel BAIRD. I do not recall the details of this Northport.

Mr. KEARNEY. Well, have there been some soldiers court-martialed as the result of abuse at that hospital?

Colonel BAIRD. At Northport I cannot say, but there have been at some hospitals.

To answer any specific questions regarding that hospital or any other I would have to review the record.

Mr. KEARNEY. Well, I just want to advise that there is a record available. I wanted to call the attention of yourself to the fact that also five civilian employees, I have been advised, are now facing criminal assault charges for beatings administered to patients.

Do you know anything about that?

Colonel BAIRD. At Northport? I have something here I grabbed at the last moment before I came over, thinking possibly someone might ask about it. I have not had a chance to read it, but this is it. There are seven names mentioned and this is a letter written to the United States Attorney, Department of Justice, Brooklyn, N. Y., having to do with abuses at the veterans' hospital at Northport, Long Island.

Would you care for me to read it?

Mr. KEARNEY. Will you read that letter, please?

Colonel BAIRD. This is a letter from the Solicitor. [Reading:]

UNITED STATES ATTORNEY, DEPARTMENT OF JUSTICE,
Brooklyn, N. Y.

DEAR SIR: The attached uncertified photostats of a memorandum report dated May 5, 1945, by Harry Stansfield, investigator, and memoranda dated March 22 and March 24, 1945, by E. J. Davis and Randolph E. O'Neale, investiga-

tors, respectively, are forwarded to you for consideration under section 455, title 18, United States Code against Emmet J. Griffin, Robert B. Lysinger, Edward J. Schuh, Henry Stelljes, George Holzworth, William J. Watson, and Eric Kastick, formerly employed by this Administration at its facility at Northport, Long Island, in the State of New York.

Mr. Stansfield's report together with depositions and exhibits submitted therewith consists of two large volumes of 1,919 pages in all.

If after you have examined the photostats above referred to, which are submitted with this letter, you are of the opinion prosecution is indicated or desired before arriving at a determination with reference to prosecution to study the entire record it will upon your request be made available to you for that purpose.

From a study of the material submitted it will be observed that the evidence indicates a rather serious abuse of patients by soldiers detailed to the Northport Facility and that numerous recommendations have been made with reference to administrative action by the Veterans' Administration against others than those whose prosecution is recommended. You are informed that so far as the soldiers are concerned action has already been taken by the War Department and a number of the men referred to have been court-martialed.

Emmet J. Griffin, Robert B. Lysinger, Edward J. Schuh, Henry Stelljes, George Holzworth, William J. Watson, and Eric Kastick have been separated from the service of the Veterans' Administration or they have been suspended pending action upon charges which have been preferred against them.

The chief attorney of the Veterans' Administration in New York City has been advised of this reference and has been instructed to cooperate with you in any manner which you may deem advisable in the premises. Advice is requested as to any action based upon this submission.

Very truly yours,

EDWARD E. ODOM, *Solicitor.*

Mr. KEARNEY. What date is that letter?

Colonel BAIRD. May 31, 1945.

Mr. KEARNEY. You do not know of your own knowledge as to whether any indictment has been returned against those civilian employees?

Colonel BAIRD. No, sir. I do not.

Mr. KEARNEY. But the men involved have already been suspended from duty?

Colonel BAIRD. Yes.

Mr. KEARNEY. Has there been any particular case brought to your attention of a patient at Northport Hospital who successfully tried to obtain the services of an attorney, so that he could appear in court under a writ of habeas corpus?

Colonel BAIRD. I do not recall any instance of that kind.

Mr. KEARNEY. Is the manager of the hospital still on active duty there?

Colonel BAIRD. Yes. Colonel Verdel, Dr. Verdel.

Mr. KEARNEY. You say that you have no knowledge of what happened to the soldiers under court martial?

Colonel BAIRD. No; no idea other than—

Mr. KEARNEY. But they have been tried.

Colonel BAIRD. That is true.

Mr. KEARNEY. And that would be a War Department record?

Colonel BAIRD. Yes, sir. The Veterans' Administration I think would be notified, though, of what happened to them. I rather think we would. I am not sure.

Mr. KEARNEY. Well, the reason I asked that question, I think you read in your letter there that the soldiers had been court-martialed.

Colonel BAIRD. Yes. Had been court-martialed, that is true—that they had been court-martialed.

"May I check on that [examining paper]. I believe that is it.

Mr. KEARNEY. With reference to these five civilian employees who are facing criminal charges, can you tell me, Doctor, whether it is the intention of the Veterans' Administration to follow those cases.

Colonel BAIRD. To follow up and see if legal action is taken?

Mr. KEARNEY. Yes.

Colonel BAIRD. I really do not know, Mr. Kearney, whether our legal department does that or not. I rather think it does.

Mr. KEARNEY. Maybe Mr. Odom could answer that question.

Mr. ODOM. What is the question?

Mr. KEARNEY. I wanted to know whether the Veterans' Administration intended to follow up those charges of the five civilian employees.

Mr. ODOM. Yes. We do follow them up.

And we also follow up by way of inquiry as to the court-martial.

My present recollection of that, which may be faulty, is there were 15 soldiers, 13 were convicted, with 2 acquittals.

However, my recollection may be faulty.

Mr. KEARNEY. You do not know what the sentences are?

Mr. ODOM. No.

I might say for your information the Veterans' Administration investigates anything of a criminal nature which occurs in connection with any of the many laws which are administered, to determine whether there is a *prima facie* case, developing it as necessary for administrative action and as much as seems proper for presenting a *prima facie* case.

We then turn it over to the Department of Justice.

Mr. KEARNEY. It is up to the Department of Justice then to present that to the grand jury?

Mr. ODOM. Yes. Everything from then on is the responsibility of the Attorney General, not the Veterans' Administration.

We follow it up in every way we can.

Mr. KEARNEY. But I did understand you to say these five employees have been suspended and are not on the job.

Mr. ODOM. That is correct.

Mr. PICKETT. Congressman Huber desires to ask a question.

Mr. HUBER. Colonel Baird, you mentioned the use of so-called restraints of the patient to protect himself.

Now, I visited a number of NP hospitals where restraints were used, but at the Coatesville Facility Dr. Miller had no patients under restraints at all, and his theory was that restraints are following the course of least resistance, and he was able to get along without the use of them.

How do you account for that one hospital being able to operate in that manner?

Colonel BAIRD. May I ask you first if he told you what he did with those that were very belligerent?

Mr. HUBER. Well, I do not just recall, I visited so many and so much conversation went on, but I thought the facility there was a marvel of efficiency in the handling of them.

Colonel BAIRD. Yes.

There is a difference in opinion among psychiatrists as to the use of restraints.

Some feel that it should not be used at all, but I think that the consensus among the great majority that they are essential, in instances that I cited, I think, yesterday.

I should hardly consider it a method of least resistance when the welfare of the patient is so vitally at stake.

Perhaps at the time you were there he had no homicidal patients, I do not know.

Although his hospital does represent a cross section of the hospitalization program, all the hospitals in the service; so one would naturally think that he would have about the average number that were in any other hospital.

I do know this about Coatesville, and that is that they do make use of—maximum use of—hydrotherapy.

I think we use hydrotherapy in the Veterans' Administration perhaps more extensively than in other hospitals that I have ever heard of.

And that is to say neutral packs and continuous flow tubs for the disturbed patients.

But I still cannot quite see how one handles a patient after he is removed from a pack or a tub and is still disturbed, without restraint of some kind, either seclusion or these mechanical devices.

I do think we should keep it at an absolute minimum, and under very careful medical control.

With shortages of ward personnel and supervisory personnel the natural tendency would be to follow the pathway of least resistance and to use more restraints perhaps than one would otherwise use.

Now, that may have happened at certain places in these trying times and when we have been so depleted of top-grade personnel.

Does that answer you?

Mr. HUBER. I think so.

Mr. CUNNINGHAM. May I interpose a question?

Mr. HUBER. Go ahead.

Mr. CUNNINGHAM. I understand the better and more improved method is to do away with the restraints when they have the personnel to take care of patients, but if there are not sufficient personnel to take care of them properly the restraints are necessary to prevent bodily injury to patients.

Colonel BAIRD. That is correct.

Mr. CUNNINGHAM. Is that correct?

Colonel BAIRD. I might say in answer to that, too, that a couple of months ago I attended a committee meeting of the American Psychiatric Association, of which I happen to be a member, or was at the time, in New York, at which time the care of the acutely psychiatric patients was discussed at some length, and it was generally agreed at that meeting that some restraint is necessary at times, mechanical restraint, but we should do all we can to avoid it as far as possible, and to do that we should increase the personnel on the acute service, and they recommended—I think it was one nurse for every seven patients, or five patients, one attendant for every three of four patients, and more doctors and more physical therapy aids and occupational therapy aids, almost to the point that there were almost as many personnel as there were patients. Really not that far along, but a very rich mixture of personnel on the acute service.

And they recommended that not for our hospitals alone but for all of the mental hospitals in the country.

So that perhaps is the secret of the whole thing.

Mr. CUNNINGHAM. Of course, if that is what we should have to have these veterans properly treated we should do it.

Mr. CARNAHAN. And you might have accidents even then?

Colonel BAIRD. Yes. If you have a group of 10 homicidal cases and an attendant for each man you are going to still have some accidents.

Mr. CARNAHAN. Surely. And you are going to have some restraints.

Colonel BAIRD. Yes.

Mr. HUBER. At Perry Point, Md., I went into this hopeless group, there was row and row of these patients, and the colonel in charge said they were unable to exercise because of not having enough soldiers for their supervision and some might escape, and they sat there shoulder to shoulder, and I asked, "Are these men allowed to return to the dormitory upstairs to lie down?" He said no, if they did that they would not sleep at night.

Now, that appears to me—I could not see much difference between that and some penitentiaries I have seen.

Do you have any knowledge as to acute overcrowding at Perry Point?

Colonel BAIRD. No, Perry Point is pretty well filled, and the sitting around of patients—in the day room, you mean?

Mr. HUBER. Yes.

Colonel BAIRD. Doing nothing but just sitting?

Mr. HUBER. That is right.

Colonel BAIRD. Of course that is a situation we have been trying to combat for years and have succeeded in pretty well up until this war, when so many of our personnel were taken away, our trained personnel, aides, attendants, and psychiatrically trained nurses.

What we had for that was an organized program of group games and classes of different kinds and visits to the library, to break up the monotony of the day, and with that sort of thing this sitting around was reduced to a minimum.

But I suspect now that with conditions as they are in our hospitals because of the lack of trained personnel there have been instances of drifting back into the practice of not being able to get them occupied.

Mr. HUBER. In other words, you admit it is bad and you hope to have the help sometime to correct it.

Colonel BAIRD. Yes. It was not that way before the war. Positively not, before the war.

Mr. CARNAHAN. Doctor, do you make very extensive use of picture shows?

Colonel BAIRD. Well, they have, I think, two showings of a major picture—that is, a full-length picture—and a short and news, twice a week in all the neuropsychiatric hospitals and three times a week in the isolated ones.

And where the auditoriums are not large enough to house the entire group of these people to attend such shows the movies are repeated.

Mr. CARNAHAN. Well, at North Little Rock—that was the only mental hospital I visited—I got the notion there that their picture show ran almost continuously during the day.

Colonel BAIRD. I think they have four or five showings, and it makes it less—well, I think they have one showing in the morning and two or three in the afternoon and one at night—two in the afternoon and two at night, in order that all those who are able to attend may do so.

Mr. PICKETT. Any further questions?

Mr. SCRIVNER. Doctor, going back to this Northport situation, you and I were discussing yesterday the responsibility of the ward doctors.

It appears that there were 5 civilians and 15 soldiers charged with improper conduct toward the patients, 13 of the soldiers having been found guilty, and charges pending against the other 5. Were those occurrences all in one ward at Northport?

Colonel BAIRD. I do not recall the details of that.

Mr. SCRIVNER. I think you said yesterday that at least one of these doctors had been transferred from that particular hospital because he did not like psychiatric work and is now placed where he is doing eye, ear, nose, and throat.

Colonel BAIRD. That was Lyons, N. J.

Mr. SCRIVNER. All right. At Lyons. Let us go back to this Northport, then.

What disciplinary action has been taken in connection with the doctor or doctors in charge of the ward or wards in which these occurrences took place in Northport?

Colonel BAIRD. I do not recall. The investigation has not been completed.

In other words, it has not been handled by my office as yet.

Mr. SCRIVNER. Well, do you not feel that there is certainly some responsibility on the part of these ward doctors?

Colonel BAIRD. Yes.

Mr. SCRIVNER. And do you not think that same responsibility will carry up to either the manager or the chief medical officer of that hospital?

Colonel BAIRD. Oh, yes; indeed.

Mr. SCRIVNER. All right. If that is true, then what will be the nature of the disciplinary action taken against them?

Colonel BAIRD. Now, that, of course, Mr. Scrivner, I cannot say.

Mr. SCRIVNER. Well, what forms of discipline are available?

Colonel BAIRD. Well, the mildest form of discipline is admonishment, I think, which becomes a part of the record of the individual.

And the next most severe is the reprimand, which carries with it certain restrictions, I believe, in reference to promotional rights.

Mr. SCRIVNER. Then what is the next one?

Colonel BAIRD. Well, I do not recall any specific instances of any separations since I have been in Washington. However, there have been, I think, some demotions in grade, and reassignment.

Mr. SCRIVNER. That reassignment is one of the things that has proven somewhat bothersome. In one hospital, let us say, there has a situation arisen in which some doctor on the staff is involved, and he is transferred.

If there is anything wrong with that doctor attitude toward veterans a mere transfer does not remedy, does it?

Colonel BAIRD. No.

Mr. SCRIVNER. It merely shifts the scene of his activities.

Colonel BAIRD. That is true.

Mr. SCRIVNER. Do you have any suggestions or do you think you could give us any suggestion, possibly a little later, of some remedy that might be brought about that would really cure some of those things rather than shifting the scene of activity?

Colonel BAIRD. I might possibly do so. The difficulty in cases of this kind where the—especially at this time, when the supervisory personnel all have a great deal on their minds and lots of work to do—and I am not excusing them, but I should say that there are extenuating circumstances, mainly their many duties—the fact that they previously rendered good service, so that it makes you feel that perhaps they are victims of circumstances rather than fully responsible for the incidents we have found.

Mr. SCRIVNER. Yes; but that does not help the veteran, the patient, does it, to merely bring out the facts that there are extenuating circumstances—that still does not remedy the situation?

Colonel BAIRD. I should say that the final disposition of what should be done with an individual doctor would depend entirely upon the evidence brought out in the investigation as to the directness of his responsibility.

Mr. SCRIVNER. Well, are some of the difficulties that you run into due to civil-service regulations?

Colonel BAIRD. I do not know about that. I am afraid some representative of the Director of Personnel would have to answer that.

Mr. SCRIVNER. All right.

Mrs. ROGERS. Colonel, do you find local hostility ever plays any part in the criticism of doctors of the hospital? I do not mean in case of abuse of a patient.

Colonel BAIRD. Local criticism?

Mrs. ROGERS. People in the town where the hospital is situated.

Colonel BAIRD. Well, I rather think there have been instances in the past where stories have reached central office regarding certain individuals.

Mrs. ROGERS. Where prejudice crept in. There are times when a hospital almost seems too troubled, and I cannot believe every commanding officer is bad. That is what I am trying to get at. It seems to me there must be some local prejudice that interferes with the conduct of the hospital by the doctors.

Colonel BAIRD. By the doctors?

Mrs. ROGERS. I mean criticism of the doctors or the commanding officers who are running the hospital, when it happens over a period of a great many years.

Colonel BAIRD. By those in the local community?

Mrs. ROGERS. Yes.

Colonel BAIRD. I think that has happened. It is bound to happen in certain cases, I suppose.

Mrs. ROGERS. Do you consider Northport an isolated spot?

Colonel BAIRD. I should say so; yes.

Mrs. ROGERS. Difficult of access by way of transportation of the personnel?

Colonel BAIRD. From the city itself; yes.

Mrs. ROGERS. For a number of years you have had great difficulty in keeping enough nurses there.

Colonel BAIRD. I think that is correct. Because of its isolation.

Mrs. ROGERS. Do you think that had something to do with the cruel beatings; there were not enough nurses to watch what was going on?

Colonel BAIRD. I think that is one of the elements. There are many elements that are brought to play in situations of that kind, and among them I should say first of all is shortages of personnel; second, perhaps, the poorly trained personnel, newly recruited personnel.

Mrs. ROGERS. Do you feel that the element of fear enters into it?

Colonel BAIRD. Oh, decidedly. That is, I think one of the chief motives behind the mistreatment of a patient on the part of an attendant is fear of him.

Mrs. ROGERS. Then really you should make your greatest effort to have adequate personnel in the isolated places?

Colonel BAIRD. Well, trained personnel.

Mrs. ROGERS. Yes. Is the tendency not to place the less well-trained personnel—not to do much about the number in isolated places?

Colonel BAIRD. Well, I think we try to give equal consideration to all the hospitals, irrespective of their location.

Mrs. ROGERS. Yes, but I think you have already stated that you should have more nurses and more personnel.

Colonel BAIRD. We have a great deal of difficulty in getting nurses to go certain places.

Mrs. ROGERS. Do you make any provision in providing busses for instance to go to a hospital like Northport?

Colonel BAIRD. Do you mean operated by the Government?

Mrs. ROGERS. I should think you might have to operate them by the Government in cases like that.

Colonel BAIRD. I do not believe there is one now, and I do not know what the plans are in that respect.

Mrs. ROGERS. Do you make efforts to have the civilian local heads of transportation provide busses?

Colonel BAIRD. Well, I think the head of each station does all he can to facilitate the transportation of personnel.

Mrs. ROGERS. You stated before your greatest need was nurses.

Colonel BAIRD. Nurses.

Mrs. ROGERS. Do they give the shock treatment in all NP hospitals?

Colonel BAIRD. Yes, Mrs. Rogers.

Mrs. ROGERS. I do not mean veterans alone, but civil hospitals.

Colonel BAIRD. Do you mean civil mental hospitals?

Mrs. ROGERS. Yes. Of the State.

Colonel BAIRD. I imagine they are giving it in all of them now.

Mrs. ROGERS. You have no way of knowing?

Colonel BAIRD. No.

Mrs. ROGERS. Do you have a number of veterans hospitalized in so-called State hospitals, civilian hospitals?

Colonel BAIRD. I brought a report yesterday.

Mrs. ROGERS. Did you read the number yesterday?

Colonel BAIRD. No, I did not, Mrs. Rogers, and I have not divided it into whether or not they are mental, because the statistics do not show it.

Mrs. ROGERS. I think at one time you had a great many of the nervous and mentally sick hospitalized in—was it the Cook County Hospital?

Colonel BAIRD. In Chicago? I am not sure. I am certain I cannot say.

Mrs. ROGERS. You had a special ward for them, I know, at one time.

Colonel BAIRD. Yes.

Mrs. ROGERS. May I have consent, Mr. Chairman, that the number of veterans hospitalized, mentally sick veterans, nervously sick veterans, in other than Veterans' Administration facilities, go into the record?

Colonel BAIRD. I can get you those figures, Mrs. Rogers.

Mrs. ROGERS. And by States.

Colonel BAIRD. Yes. By States. You would like to have that?

Mrs. ROGERS. I would like to have it very much.

Mr. PICKETT. Will you be kind enough to furnish that, Colonel?

Mrs. ROGERS. Do you not find veterans' organizations very helpful in your work with patients?

Colonel BAIRD. Oh, yes; very much.

Mrs. ROGERS. Bringing things in, helping them, giving them information?

Colonel BAIRD. Yes.

Mrs. ROGERS. Helping them in every way?

Colonel BAIRD. That is true.

Mr. PICKETT. Any more questions, Mrs. Rogers?

Mrs. ROGERS. No.

Mr. PICKETT. Any further questions by any member of the committee?

Mr. ODOM. Mr. Chairman, I think one further question ought to be asked, if I may be permitted to ask it.

Dr. Baird, the impression was had yesterday in answer to a question, you indicated that if a man came to the Veterans' Administration and said he wanted to go to a hospital and the examining physician could find nothing wrong with him physically, that it was presumed that he was in need of mental treatment, and therefore he would go to a mental hospital.

Is a man ever sent to a mental hospital without examination to determine whether he is—speaking now of voluntary operation—that he is probably not in fit mental condition?

Colonel BAIRD. No; they are always examined.

Mr. ODOM. In other words, they would not merely send him to a hospital because he said he wanted to go, would they?

Colonel BAIRD. Oh, no; I never heard of such a thing.

Mr. ODOM. That was the impression that someone received. That was not intended?

Colonel BAIRD. No, indeed.

Mrs. ROGERS. Colonel Baird, do you believe in calling the hospitals general hospitals?

Colonel BAIRD. All of them?

Mrs. ROGERS. It would be difficult I know but I do not see how you are going to take away that stigma unless you do.

Colonel BAIRD. That reminds me very much of a discussion we had over in the Surgeon General's office about changing the name of psychoneurosis to something else and then someone said a rose by

another name would smell as sweet, and the name you change the name to would become known as the same thing as the original name.

So whether or not the changing of names would help any I do not know.

Someone suggested calling them medical centers or veterans' facility or veterans' hospital.

Mrs. ROGERS. We do that today.

Colonel BAIRD. We do that now.

Mrs. ROGERS. I think "general" would obviate it somewhat.

Colonel BAIRD. The designation is only for the sake of administration. Although in the local communities they are soon known by the NP designation.

Mrs. ROGERS. I think this committee was responsible—in fact, I know it was—for having the psychoneurosis taken off their discharges.

Colonel BAIRD. I think you were. And that is being done now I understand.

Mrs. ROGERS. And many of the veterans would prefer to be called shell-shocked than psychoneurotic.

Colonel BAIRD. Yes.

Mrs. ROGERS. Because hospital usage made the public feel that a shell-shocked veteran was not necessarily a mental case.

Colonel BAIRD. With the very term they had something to be proud of, and then with the neurosis he had something to be ashamed of, lots of people think.

Mrs. ROGERS. No man likes to be considered nervous.

Colonel BAIRD. No.

Mr. VURSELL. Mr. Chairman, may I ask a question?

Mr. PICKETT. Mr. Vursell.

Mr. VURSELL. I would like to know how many more pages or how far we have gotten in this report.

Colonel BAIRD. I think, sir, there are 10 more pages.

Mr. VURSELL. Well, I think we ought to proceed now as rapidly as we can on these charges and counter charges.

Mr. PICKETT. Dr. Baird, Mr. Carnahan has a question to ask before you proceed.

Mr. CARNAHAN. I was told that the women patients from the armed forces were taken care of by the armed forces by contract and were not being taken care of by the veterans' facility at Little Rock. I was just wondering if there was any reason for that.

Colonel BAIRD. The reason is a unit has not been set up there as yet, and as far as I know one is not planned in the immediate future for that particular hospital.

There are a number of units in different parts of the country that are being planned, buildings are to be built for the express purpose.

Mr. CARNAHAN. The units for the women patients, are they part of the other hospitals or will they be separate institutions?

Colonel BAIRD. I believe the present policy is to make them a part of the present institutions.

Mr. SCRIVNER. Mr. Carnahan, you might be interested in the change at Wadsworth, one separate building has been converted for women mental patients, and when I was there recently it was almost completed and it really is a very swell job. It will take care of from 60 to 65 women, and they have made available every possible facility as might be made any place in such an institution.

Mr. PICKETT. It even has a beauty shop in it.

Colonel BAIRD. Well, we try to have all of that in all of the treatments.

Mr. SCRIVNER. Well, the doctor there said that would be considered really to their benefit, part of their treatment in building up their pride.

Colonel BAIRD. Oh, yes, indeed.

Mrs. ROGERS. Well, Colonel, it only shows that the Veterans' Administration is woefully behind in its building program.

The hospital for women at Bedford is a year behind time.

In this war alone there are over 200,000 potential women cases and no provision, practically, has been made for it.

Mr. CARNAHAN. Well, I would presume then that the women patients will perhaps not be hospitalized as near home as the men. The units will be fewer and farther between.

Colonel BAIRD. Well, the present plan is in that direction.

If I may read off here the names of the places where women's buildings are to be approved, if you would care to have me—I think it shows a broad—

Mrs. ROGERS. They will be too antiquated to avail themselves of it if they are not built soon. They will have to have an old woman's home for them.

Mr. CARNAHAN. Will the contract plan for handling women patients be encouraged?

Colonel BAIRD. That I do not know. It is an administrative matter concerning which I have practically nothing to do.

Mrs. ROGERS. May I say to the gentleman, under the law—I am interested in that because I was responsible for the provision in the law—the women can be hospitalized at any time in private hospitals.

Colonel BAIRD. That is correct.

Mrs. ROGERS. They have more benefits than the men have in that because they can be hospitalized whether the facilities are ready or not.

Mr. McQUEEN. The administrative end would have to give the testimony as to what would be done as to the building situation?

Colonel BAIRD. That is correct; yes.

Mr. PICKETT. Of the new NP hospitals do you contemplate making hospitals for both men and women?

Colonel BAIRD. We contemplate at these places—I will read them and then comment on it if you like. I think it will answer your question.

That is all I know. What is in the more remote future I cannot say.

Future women's buildings at Los Angeles, 81 beds.

Now, that is by new construction.

Another one here, 87 beds.

Now, that hospital has not been begun yet that I know of, but when it is built—it will be available in August 1946—there will be 87 beds, an 87-bed building for women.

At Bedford, Mass., an 89-bed building for women, available April 1, 1946.

Mrs. ROGERS. That is 1 year late, as you know. The completion was promised—

Colonel BAIRD. New hospital at Lebanon, Pa., 84 beds, due in January 1946.

At Downey, Ill., 164 beds, due in March of this year.

And that unit is open at Downey.

Mr. BENNETT. What kind of hospital, Colonel, are you planning for southeast Missouri?

Colonel BAIRD. Southeast Missouri? For women?

Mr. BENNETT. Is that for women?

Colonel BAIRD. These are just buildings for women.

Mr. BENNETT. Women only.

Colonel BAIRD. Yes. At presently operated or new hospitals.

Mr. VURSELL. Mr. Chairman—

Mr. BENNETT. There are no facilities for women at all in Missouri?

Colonel BAIRD. Not that I know of in the neuropsychiatric field, not that I know of.

Mr. VURSELL. Mr. Chairman?

Mr. PICKETT. Mr. Vursell.

Mr. VURSELL. I understand that Colonel Ijams is to testify later. He is in charge of construction.

We have a witness here now that has proposed to confine himself to the text of this report, who is thoroughly competent to give us information we desire in this investigation.

I know we are all interested in what is going to be done in construction, but do you not think it would be well to hold to this report and finish it without these questions?

Mr. PICKETT. Yes.

Mr. VURSELL. And then proceed with questions.

Mr. PICKETT. Yes. I do. Correct.

And you may proceed, Colonel Baird, with your statement.

Colonel BAIRD. I believe yesterday I left off with an allegation—

Mr. VURSELL. What page?

Colonel BAIRD. Page 23, the bottom of the page, statement by Colonel Verdel concerning the allegation that Captain Rackow—his main job was to care for the inmates of an entire building of 225 patients, and that electroshock was just a sideline. I think I read that.

Physicians in veterans' hospitals, as in other large institutions have many and diversified duties to perform, in addition to their specialistic work. This will continue until more medical officers can be obtained, and even then many will perform various functions in accordance with the needs of the hospital concerned.

No. 36:

That at Lyons, N. J., electroshock therapy was performed by Maj. M. Presberg, who was also the roentgenologist of the hospital; that Major Presberg administered 20,579 electroshock treatments in a single year and that "He 'treats' as many as 90 cases in a single morning, 2 minutes per patient for this streamlined service."

This allegation is answered by Major Presberg, who has submitted the following statement:

A 1:30 p. m. I was introduced to Mr. Maisel and directed to show him the electric-shock therapy department. He asked me where I had received my training in the administration of electric shock and I replied that I had received it at the Veterans' Administration facility at Northport, L. I. When questioned as to the number of treatments we had administered at this facility, I told him we had given 20,579 up to that date, January 15, 1945, which was a period of approximately 13 months.

Mr. Maisel was given a detailed explanation of the technique employed in this facility and I told him that on several occasions we had given as high as 90 treat-

ments in 1 day. Because of the heavy load of newly admitted patients and the great demand for beds, we have treated a great number of patients daily with very good results. In the explanation of the technique used it was brought out how quickly electric shock can be administered. The time-consuming aspect of this form of therapy ensues only when the ward physician utilizes psychotherapy and re-education of the patient. Anyone who implies that treating a large number of patients one right after the other with electric shock, is doing so incorrectly, does not know the most elementary principles of electric-shock therapy.

While I was accompanying Mr. Maisel to ward I-C, infirmary ward, I informed him that I was also in charge of the X-ray department and would he like to see it. He declined.

No. 37:

That St. Elizabeths Hospital, "with the same Federal pay scales and far higher standards of service, operates at a cost of \$2 per day per patient. The State of Wisconsin spends \$1.48 per patient daily at its Mendota Hospital and \$1.27 at its Winnebago Hospital. Minnesota's progressive mental hospital system operates at costs varying from a low of 48 cents per patient per day to a high of 79 cents. New York State, in the highest-cost area in the country, manages to run its mental institution at a daily cost per patient of 84 cents." That in contrast to the foregoing "the Federal Treasury pays out, for every patient on the rolls of the veterans' mental hospitals, \$2.24 per day."

The information developed on State neuropsychiatric hospitals is not sufficient to make a complete comparison between State neuropsychiatric hospitals and Veterans' Administration neuropsychiatric hospitals. However, some information has been developed on State hospitals in California, Texas, North Carolina, New York, New Mexico, and Massachusetts.

I think this may have been made a part of the record. I am sure they have it.

(Mr. Rankin resumes the chair.)

Colonel BAIRD. This is sufficient to prove that State hospitals are crowded the same as Veterans' Administration hospitals; that they have from two to three times as many patients per physician, six or seven times as many patients per nurse, and more patients per attendant than the Veterans' Administration hospitals; and that the food cost is approximately 33 percent below the food cost for Veterans' Administration hospitals. Also, that the ratio of dentists, technicians, and dietitians is much lower than that in Veterans' Administration hospitals.

The CHAIRMAN. Now, Colonel, right at that point, I want to reiterate what I said yesterday, that at Buffalo State Hospital of the Insane in New York they have 287 patients per doctor.

At the Creedmore State Hospital in New York they have 189 patients per doctor.

And at Rochester State Hospital they have 266 patients per doctor.

Whereas in the Veterans' Administration neuropsychiatric hospitals we have 116 patients per doctor.

In other words, in every single one of these—in two of these State hospitals in New York they have considerably more than twice the patients per doctor than we have in the Veterans' Administration hospitals, and at Creedmore they have 189 patients per doctor, whereas, the average NP hospital has 116 patients per doctor.

I want to let that show in the record.

And also they talked about the situation in New York as to nurses, whereas we have 1 nurse in these NP hospitals to every 36.6 patients, in the Buffalo State Hospital in New York they have 106 patients per nurse instead of 36.6.

At Creedmore they have 94 patients per nurse.

And at the Rochester State Hospital they have 29 patients per nurse.

That is the only one where they have fewer patients per nurse than we have in the NP veterans' hospitals.

And when it comes to attendants in NP hospitals the Veterans' Administration have 1 attendant for every 6.17 patients.

While at Buffalo they have 17—for every attendant they have 17 patients.

At Creedmore they have 1 for every 15 patients.

At Rochester State they have 1 for every 89 patients.

I am not criticizing those hospitals but I am merely making a comparison since he has gone into this to try to make an invidious comparison by what I think is a distortion of facts.

Colonel BAIRD. Yes.

The CHAIRMAN. Now, he says they feed more cheaply.

I do not know whether that is because the veterans' hospitals feed better or not, but at Buffalo State Hospital they spend 17 cents per day for raw food per patient, and at Creedmore $27\frac{1}{2}$ cents per day; and at Rochester State Hospital 30 cents per day.

Whereas, in the average veterans' NP hospital they spend $37\frac{1}{2}$ cents per day.

Now, they may get more for their money—I do not know—but the testimony up to date has shown that these patients in the veterans' hospitals at least are well fed. I think that everybody will agree to that.

I want to bring that out because of these invidious comparisons he tries to make here between the veterans' hospitals and those State hospitals in New York.

Mr. McQUEEN. Go ahead, Doctor.

Colonel BAIRD. The reports on hospitals in the State of Massachusetts, which is considered to be one of the more progressive States in the care of mental patients, indicates that on account of personnel shortages, the hospitals in this State are now only rendering custodial care.

Mr. CARNAHAN. What are you reading from, Doctor?

Colonel BAIRD. The bottom of page 25, three-fourths of the way down.

Of course, it would be very unfair to compare State hospitals with Veterans' Administration hospitals, but it can be truly said that perhaps most State institutions at the present are merely maintaining mental patients and that the Veterans' Administration is treating them and giving them every reasonable opportunity to recover.

The CHAIRMAN. Before you continue, I am going to make this suggestion. The next time I ask members of this committee or members of Congress to go out and look over veterans' hospitals I am going to ask them also to go through the State NP hospitals and make comparisons.

Mr. CARNAHAN. I would like to state, Mr. Chairman, that I did that.

The CHAIRMAN. I have done the same thing.

Mr. SCRIVNER. So have I.

The CHAIRMAN. When you do that and come back here you will realize that if these men were really after making legitimate criticism, you would realize what a field they left untouched when they failed to go to these State hospitals.

Colonel BAIRD. Oh, yes.

The CHAIRMAN. After listening to Mr. Maisel I am in favor of of looking into the draft board in New York and see why he was not in the Army.

Mr. McQUEEN. Proceed.

Colonel BAIRD. No. 38:

That by medical backwardness the veterans' mental hospitals stand indicted as third-rate institutions and that "only when it comes to expenses do they outdistance comparable Federal and State institutions."

I believe the two items in the operation of any psychiatric hospital which require the most money are salaries and food.

This is only a layman's idea of finance.

In hospitals such as those operated by States, there are much simpler finance, supply, and patient maintenance procedures than is the case with the Veterans' Administration, which involves considerable expenditures and the State hospital menus are generally not at all comparable with ours. Then, too, the Veterans' Administration has a much higher ratio generally of physicians, nurses, dietitians, technicians, and attendants and these personnel cost money.

This statement made by Mr. Maisel is a complete misrepresentation of the true state of affairs insofar as State hospitals are concerned. Anyone who has had occasion to contrast the type of service given in most State hospitals and that given at our hospitals, will admit that there is no comparison.

No. 39:

That the Veterans' Administration claims it is building hospitals just as fast as it can; that nearly 20,000 more beds are supposed to be under way at the present time. "But those familiar with the record of the Veterans' Administration know that buildings for 498 new beds were to have been completed at Lyons last January but won't be ready until June of this year, at the earliest."

The Veterans' Administration does not only claim it is building hospitals and additions to presently operated hospitals as fast as it can, but it claims this to be a fact. It also admits that the building program has not kept up with expectations or plans. The reasons for the delays in the completion of building projects include the question of priorities for materials, delays in deliveries of materials, strikes, manpower shortages, and certain unforeseeable structural difficulties. The program calls for over 20,000 additional beds to be made available before the end of the calendar year 1946, of which nearly 8,000 will be ready for occupancy by July of this year; over 4,000 by January 1946; 5,000 by July 1946; and the remainder toward the end of the year 1946. It is expected that this number of additional beds will meet the needs of the Veterans' Administration for psychotic patients for the period concerned.

The building program at Lyons has been delayed for several reasons, including a strike. One of the three new buildings should be ready for use by May 15 and the other two several weeks later.

When this was written. I believe they are now available.

No. 40:

That "because of overcrowding, hospital managers, instead of pressing for a cure, encourage discharges at the earliest possible date because beds must be made available for new patients."

This allegation is entirely false and is not supported by any evidence other than the discredited word of Mr. Maisel. All recommendations

for discharge from neuropsychiatric hospitals are made by the medical staff after due consideration of all angles of a given case. No patient is discharged until he has attained maximum benefit from hospital treatment unless he is discharged against medical advice.

No. 41:

That beating of patients has been "discontinued" at Lyons. But the men who did the beating haven't been fired. And "disturbed" veterans are still put into "seclusion" or "restraints." Worst of all, no one at the hospital seems to think there is anything wrong about all this.

Now, this is a résumé of Lyons:

It is believed that there is no longer any abuse of patients at Lyons. As a result of a recent survey it has been found that since the investigation in October 1944 a few instances of mild abuse were found concerning which appropriate action was taken. Following the investigation and based upon the evidence obtained, charges were preferred against one attendant resulting in his dismissal from the service, others against whom charges would have been preferred resigned before that action could be taken, three conscientious objectors—as you know, they had, I think, 85 or 90 conscientious objectors at Lyons.

Mr. McQUEEN. How many, Doctor?

Colonel BAIRD. I think it was 85 or 90, and then they added others later.

Mr. KEARNEY. It was 168 in April.

Colonel BAIRD. Well, yes. They were added.

Three conscientious objectors were returned to their civilian public service camps, and several others were reprimanded, admonished, or cautioned. The evidence obtained on those in the latter group tended to indicate maltreatment of patients, but was not sufficient to warrant more drastic action.

I regret to mention that that is the mildest form, cautioning, which is milder than admonishment.

Mrs. ROGERS. Colonel Baird, do you think the Veterans' Administration has been very much handicapped because it had no power—no power to get priorities, no power to get personnel, no power to get adequate quarters?

Colonel BAIRD. I understand that that has been so.

Mrs. ROGERS. I feel it ought to be made a Department with a Cabinet head in order to get that power.

The CHAIRMAN. Doctor, the statement you are making now is not included in this copy we have before us.

Colonel BAIRD. No.

The CHAIRMAN. Go ahead.

Colonel BAIRD. Charges were preferred against the chief of the acute service, most of which the charge committee failed to sustain. However, he was transferred to another station with a change of assignment.

That is the one you asked about yesterday.

The supervisor of attendants is to be transferred where a suitable place can be found for him. Likewise, the chief medical officer is to be transferred in the near future. The ward surgeon on the acute service has been transferred to a general medical hospital. As a result of the investigation which showed that attendants had not been proper-

ly instructed as to their duties, instructions were issued to conduct an indoctrination course for all attendants. This course has been operating very successfully at Lyons for the past several months and it is felt that the cessation of abuse can be attributed in large measure to this indoctrination course. Further, a young, alert, and aggressive psychiatrist has been assigned at Lyons as clinical director and the acute service is now in charge of a capable psychiatrist.

Seclusion and other forms of restraint are employed only when indicated for the best interest of the patient concerned and then only on a physician's prescription.

No. 42—

The CHAIRMAN. Doctor, have you an extra page of that that you can substitute for this page here?

Colonel BAIRD. Yes.

The CHAIRMAN. I would like to have a complete copy.

Colonel BAIRD. I will see that that is furnished you.

The CHAIRMAN. All right. Go ahead.

Colonel BAIRD. No. 42:

That "One might cite a Detroit case, an honorably discharged, wounded veteran of Guadalcanal who broke into a store and stole \$1,500 and a gun. That man was on the records of the Dearborn Veterans' Hospital, diagnosed as 'hysteria, shell shock, war neurosis.' But he was discharged uncured, supposedly 'harmless.'"

The manager of our facility at Dearborn, Mich., was requested to furnish a report on this case and a portion of his letter is quoted below:

The author of the story undoubtedly had reference to the case of Mitchell E. Lodzinski, C-3429580, a World War II veteran who was disabled at Guadalcanal and subsequently discharged to his home in Hamtramck, Mich. This veteran, in company with Arthur D. Davidowicz, also a World War II veteran who was disabled at Guadalcanal and later dishonorably discharged, were arrested for breaking and entering a Detroit saloon and taking cigarettes and a considerable sum of money. When the story concerning the arrest of the two veterans appeared in the Detroit Free Press, I immediately instructed our chief attorney to visit the Wayne County Jail for the purpose of obtaining complete information in connection with the incident in order to determine whether the Veterans' Administration had fully discharged its responsibility and whether the facts in the case appeared to indicate the need for further action by such Administration. There is attached a thoroughly detailed report on both veterans as prepared by our chief attorney. There is also attached copy of report of neuropsychiatric examination in the case of Mitchell E. Lodzinski; also, copy of last rating showing a combined disability rating to a degree of 70 percent, for which the veteran is receiving pension in the amount of \$80.50 per month.

Since Arthur D. Davidowicz was dishonorably discharged from the military service, he is not entitled to any benefits from the Federal Government. The records fail to indicate that Mitchell E. Lodzinski was at any time a patient at this facility. However, on May 10, 1944, he submitted to a thorough examination including a neuropsychiatric examination in our out-patient service, and as a result of this examination his pension was increased from 50 to 70 percent.

Because of the fact that both boys had been wounded at Guadalcanal the stories with reference to the arrest of both boys that appeared in the local newspaper created considerable sympathy and as a result an official of Camp Legion, a rehabilitation center which was established several months ago by Mr. Ford and located within a short distance from this facility, appealed to the authorities to dismiss the charges against both boys in order to give them an opportunity to rehabilitate themselves at Camp Legion. Since the proprietor of the saloon and the local authorities were agreeable to such action, both boys enrolled at Camp Legion and it is my understanding that they are still there and are conducting themselves to the satisfaction of the authorities at Camp Legion.

The CHAIRMAN. That Mr. Ford mentioned, I think that is Henry Ford.

Colonel BAIRD. I am not sure of that.

The CHAIRMAN. I think Henry Ford was financing this Camp Legion.

Colonel BAIRD. I believe so.

The CHAIRMAN. I see some of the members nodding their heads, so I presume I am correct in that statement.

Mr. ODOM. Mr. Ford and his wife donated the land on which the facility is constructed.

The CHAIRMAN. Yes.

Colonel BAIRD. The neuropsychiatrist who examined Mr. Lodzinski on May 10, 1944, made the diagnosis of psychoneurosis, hysteria, war neurosis, with inadequate industrial and social adjustment.

Mr. McQUEEN. Just a moment, Doctor, before you go on there.

This man was not committed by any State order?

Colonel BAIRD. No, sir.

Mr. McQUEEN. And you had no way of holding the man?

Colonel BAIRD. No, sir.

Mr. McQUEEN. And he was not a patient within the hospital and merely submitted himself for an examination as to rating. Is that correct?

Colonel BAIRD. Yes, sir. That is according to the story.

Mr. McQUEEN. Mr. Maisel's article would indicate, of course, that he was a patient in the hospital at Fort Dearborn.

Colonel BAIRD. And that they should never have let him go.

Mr. McQUEEN. And that they let him go. The fact is he never was a patient in the hospital.

Colonel BAIRD. That is true.

Mr. McQUEEN. That is all.

Colonel BAIRD. No. 43:

That "From Westchester County, N. Y., one might bring up the case of another World War II veteran charged with nine crimes within a single week. He too was an uncurd mental case, but for from 'harmless.'"

This case cited by Mr. Maisel has not been identified. Doubtless many cases of this sort could be cited.

I was unable to get the information on that from the Cosmopolitan article.

No. 44:

That every State in the Union could produce similar instances.

This is probably true, since veterans represent a cross-section of society.

No. 45:

That "the Army is too large to 'boycott the veterans' hospitals. Already, thousands of World War II veterans have been escorted to the doors of the nearest veterans' facility and discharged into these mental mantraps. For these men, and for the tens of thousands who will follow them, there is no hope unless the veterans' hospitals are cleaned up, drastically, thoroughly, and promptly.'"

The author of this article in the Cosmopolitan has taken unfair advantage of this Administration, which is attempting to handle an unprecedented number of neuropsychiatric cases incident to the present war, in the face of serious personnel shortages, particularly

in the specialist class and especially trained psychiatrists, nurses, qualified attendants, and technicians. He has decidedly overemphasized our weaknesses over which we have little control, and has utterly ignored the splendid organization of our hospitals and their functions which have been developed since the last war. It is unfortunate and indeed criminal that such vicious denunciations and in some instances sheer nonsense can have such wide publicity. Certainly in time of war, it can do nothing but harm in its effect upon the morale of veterans, their families, and those in the armed services.

Mr. ALLEN. That last statement is most excellent, Colonel.

Colonel BAIRD. I did not hear you.

Mr. ALLEN. That last statement is most excellent. I mean your last statement.

Colonel BAIRD. Thank you very much, sir.

I do not know whether you want me to go into the recommendations he made or not. Mr. Maisel's recommendations.

The CHAIRMAN. You have it in your statement here.

Colonel BAIRD. Yes.

The CHAIRMAN. In this connection—in connection with what you say about disturbing the morale, one man who went through World War I said to me on yesterday that Maisel's attacks on the Veterans' Administration and his misrepresentations had a much more disturbing effect on the morale of this country than did the whole German Army, because the American people buckled up their belts and stiffened their increased determination to destroy the German Army, but these malicious assertions publicized throughout the country and read by the loved ones whose relatives are in the service had a very depressing effect on the morale of this country, and especially when he went out of the way to represent the facts in the most harmful and in some instances the most gruesome manner.

And the man I was talking to was a line officer in the last war, and he said he could think of nothing that could have been done in time of war that would be more damaging to the people of this country than writing these articles with all of these allegations in them.

Mr. PICKETT. Instead of his taking up the recommendations Mr. Maisel made, I suggest we just put it in the record and let it be a part of the record without his reading it at the present time.

The CHAIRMAN. Yes. As far as I am concerned I am quite willing to hear the recommendations of the man who was really familiar with this proposition and of somebody wanting to help the Veterans' Administration, rather than some man who goes out and writes an article for the purpose of destroying the morale.

Colonel BAIRD. Yes.

Mr. ALLEN. As a matter of fact, Mr. Chairman, neither of these critics was a physician or a medical man in any sense that I know of, and what we want to know is the opinions and suggestions of the qualified medical experts.

We must not forget he spent a relatively short time in each of those two hospitals he visited at Lyons and Northport on which he based his article in the *Cosmopolitan*.

The CHAIRMAN. If the Colonel has some suggestions of his own I would be delighted to have those suggestions, because that is what we want.

Colonel BAIRD. May I read a letter here that the Chief of our Investigation Service asked that I request become a part of the record?

The CHAIRMAN. Go ahead. The time is rather short. We want to get out of here by 12 o'clock.

Colonel BAIRD. It will only take a moment.

The CHAIRMAN. Go ahead.

Colonel BAIRD. This is a letter to the Administrator from the manager of our hospital in Roanoke, Va. [Reading:]

MY DEAR GENERAL HINES: During the past several weeks I had read newspaper articles and listened to radio broadcasts in derogation to the Veterans' Administration and yourself. If these machinations against you indicate that we, in the field, can help, won't you please let us have the opportunity of assisting in the defense of both the Veterans' Administration and yourself?

Only recently I had occasion to discuss the Veterans' Administration over the local radio station and the next several days there was much favorable comment.

Here is an interesting story: Mr. C. W. Snyder, an influential and wealthy Baltimorean, had a son, named Bobby, who was in the Air Corps. The medical authorities of the Army notified Mr. Snyder that Bobby had suffered a bad mental crack-up. This very shortly after the first Cosmopolitan article. Mr. Snyder expressed great relief that his son was in an Army hospital and not in a Veterans' Administration; however, a week or so later Mr. Snyder was notified that his son had been sent to the Roanoke facility for treatment.

He came to Roanoke immediately with Mrs. Snyder, and Dr. Richardson—an outstanding psychiatrist—for the sole purpose of removing his son Bobby from this institution. Bobby was on the acute ward, which is under the supervision of Dr. Wilfong. After talking with Dr. Wilfong and Bobby, and making a thorough investigation of the entire institution, he came to my office and told me the story just related, and added that he was overwhelmed with the type of service we are giving and that under no circumstances would he or Mrs. Snyder entertain any further thought of removing Bobby from this institution.

His eulogies and laudations of our service in general, and Dr. Wilfong in particular, were boundless and he asked that he be permitted in some way to offset the attacks against the Veterans' Administration. He is one of our great friends

Sincerely yours,

E. W. JORDAN, *Manager.*

Mr. McQUEEN. At the suggestion of Mr. Kearney I would like to put the following in the record as it is informative on problems confronting the State of New York similar to those problems this committee is now considering:

These are excerpts from a report by a commission appointed by Governor Thomas E. Dewey, of New York, pursuant to section 8 of the executive law, to investigate the management and affairs of the Department of Mental Hygiene of the State of New York, and the institutions operated by it. The report is entitled "The Care of the Mentally Ill in the State of New York" and was printed in 1944.

On pages 13 and 14 of the report a table appears comparing 1923 with 1942. The number of State institutions increased from 13 to 21. The resident patient population increased from 38,002 to 73,120. Patients on parole and family care increased from 3,300 to 9,933. The ratio of patients under care per 100,000 population increased from 403.6 to 668.9. The number of admissions in 1942 was 17,611 and the number of patients discharged as recovered was 3,270, which was a ratio of 18.6 patients per 100 admissions and readmissions.

Page 25, the last paragraph, with reference to personnel, reads:

Because of war conditions most of the institutions have not been able to secure the personnel provided for in the budget. It is only by the service of those nurses and attendants who have stayed with the institutions and worked more intensively for longer hours that many of the institutions have been able

to keep in operation at all. However, since it may be expected that this condition may correct itself at the conclusion of the war, the pertinent question is whether the personnel for which the department has asked in the past is sufficient to provide adequate nursing care for patients.

The department of mental hygiene in establishing its budgets has apparently proceeded upon the basis of allowing the following ratios of ward personnel to patients: Brooklyn State Hospital, 1 to 5.5; other mental hospitals, 1 to 6.75; Craig Colony, for epileptics, 1 to 13.

These ratios include both registered nurses and attendants but they do not represent the number of nurses or attendants on duty at any one time. When allowing for three 8-hour shifts, days off, sick leave, and vacancies, the ratio for nurses and ward personnel would mean that at the best there would be on duty at any one time only one nurse or attendant for approximately every 30 patients.

In order to arrive at some approximate estimate of adequate nursing service and of numbers of ward personnel and further to discover deficiencies, if any, this commission secured the services of Elizabeth Bixler, R. N., to make a survey of the adequacy of nursing personnel in a typical State hospital. Miss Bixler is the director of nursing in Norwich State Hospital, Norwich, Conn., and dean-elect of the Yale University School of Nursing. She has had extensive experience both in private and State mental hospitals. Rockland State Hospital was selected as typical and her findings indicate what the nursing situation is generally throughout the State hospitals.

From this survey it was found that while the number of nurses and ward attendants on duty was inadequate at the time because of war shortages, the total number provided for would have been sufficient had there been a proper proportion of registered nurses to other ward personnel.

The following table shows a comparison of the number of nurses and ward personnel required for good nursing care, allowed in the appropriation, and at present employed.

	Number re- quired for good nursing care	Quota allowed	On duty now
Supervisors.....	42	15	14
Charge nurses.....	87	62	47
Staff nurses.....	85	42	7
Practical nurses.....	87	0	0
Attendants.....	578	749	444
Clerical ward aides.....	14	0	0
Total.....	893	868	512

The foregoing figures indicate that as far as the total number of nurses and ward personnel is concerned the quota allowed is only 2.9 percent short of what might be regarded as an adequate number. The ratio of allowed personnel to patients is 1 to 6.6.

Even though the full quota were employed, nursing care would be inadequate, as there would be a disproportionate number of registered supervising and staff nurses. An adequate nursing staff would require that approximately 24 percent of the ward personnel be registered nurses, whereas the quota allowed this hospital calls for only 13.7 percent of the ward personnel. Of the nursing personnel now on duty, registered nurses represent 7.8 percent of the total quota and 13.2 percent of the total ward personnel employed at present.

Commissioner MacCurdy is conducting a study of adequacy of nursing service in several of the other State hospitals in an attempt also to formulate a standard by which to measure the adequacy of the nursing service.

If the nursing situation at Rockland is to be considered typical of the State hospitals, granting that there would be varying factors affecting the adequacy of nursing in the different hospitals, it would appear that a total quota of nursing personnel on a basis of 1 to 6.75 patients would be sufficient to obtain good nursing care, provided, however, that approximately 24 percent of such personnel consisted of registered nurses and provided that all of the ward personnel were assigned to the nursing care of patients and not used for non-nursing duties.

As of December 1, 1943, the total number of ward personnel authorized was 11, 144 which represented a ratio of 1 nurse or attendant to each 6.4 patients. There was on this date a shortage of 33.2 percent of ward personnel because of war conditions which reduced the ratio of those on duty to 1 to 9.7. Of the total authorized ward service personnel 1,574 or 14 percent were registered nurses and of the total number of personnel actually on duty, 1,086 or 14.6 percent were registered nurses. If the authorized quota had included 24 percent of registered nurses, the total number in this category would have been 2,674 instead of 1,574.

The ratios established by the Department contemplated that all ward personnel would actually be doing ward work with the patients. This has not been the case, however, chiefly because of the widespread custom of "detailing" individuals from this group not only to fill gaps everywhere else in the institutions but also to fill positions not otherwise provided for. On the day of the visit to Willard State Hospital 11 attendants were "detailed" full time and 13 part time, varying from 2 to 8 hours daily, to such duties as central clothes rooms, telephone switchboards, garden or lawn work, distribution of mail or laundry, and ambulance or transfer duty. Three other ward attendants were doing full-time occupational therapy work. Similar conditions exist in nearly all the hospitals. The custom of extracting someone from the ward personnel to fill every need elsewhere is a practice which cuts in seriously on the available ward personnel.

Another misuse of nursing service is the privilege accorded to officers of the institutions to demand an unlimited amount of special nursing care for members of their households. For example, in one institution, a staff member required the full-time service of three professional nurses for several weeks to attend a child ill in his home with whooping cough. Since the average ratio of professional nurses to patients in all of the institutions is today approximately 1 to 75, the removal of three from any hospital service for a number of weeks makes a serious inroad upon the care of hospital patients.

Two hospitals, which were particularly studied with reference to the ward personnel actually doing ward duty, were Brooklyn State Hospital and St. Lawrence State Hospital, both of which had their complete quota of ward personnel. Although Brooklyn State Hospital had its full quota of nurses and attendants, a survey made on October 14, 1943, showed that there were actually on ward duty during that day approximately 21 percent less than the quota contemplated, the difference representing those who were off duty for vacations, sick leaves, and so forth, and those who were "detailed" for duties elsewhere.

In St. Lawrence State Hospital, which also had no substantial shortage of ward personnel at the time of the survey, there were 176 attendants actually on duty in the wards during a 24-hour period out of a total of 270 attendants employed.

When we consider the hospitals which have a shortage of ward personnel resulting from war conditions, the situation is critical. In Willard State Hospital at the time of the survey there was a 38 percent shortage of ward personnel. There are wards containing 60 or more patients in Willard State Hospital which for long hours in the night have no nurse or attendant present, since the person assigned has to supervise several such wards. In 1 building inspected by the commission one attendant had the duty at night of supervising a ward of 60 patients on 1 floor and another ward of approximately the same size on another floor. When he left the first ward he locked the door and went downstairs and unlocked the door on the lower ward. During the time he was in the lower ward there was no person supervising or in charge of the 60 mentally ill patients in the upper ward who were locked in a room with no nurse or attendant present at all. This situation can be multiplied many times over. One ward in the hospital containing suicidal patients is unattended during certain hours of the night because the attendant is required to leave this ward and attend to two other wards.

The references to Brooklyn State Hospital, St. Lawrence State Hospital, and Willard State Hospital are not made as illustrative of conditions peculiar to those institutions but rather as typical of two types of institutions, that is, those which have their full quota of ward personnel and those which are suffering from a severe shortage of ward personnel because of the war.

QUALITY OF THE ATTENDANT PERSONNEL

It has never been possible to attract as many desirable people to attendant positions as have been needed and today, not only are there many vacancies and a rapid turn-over, but the statements of the administrative officers indicate that quality has steadily deteriorated with the increasing difficulties in filling vacancies during the war. The former requirement that the institutions employ attendants from a civil-service list without an adequate trial period on the job accelerated the lowering of quality.

To secure persons of the type needed in these institutions it is necessary to change the status of the attendant position and give some opportunity to those who have the capacity for advancement. Only in this way will there be attracted to this service men and women who will be interested in their jobs and interested in progressing to positions of greater responsibility. Recommendations leading to this end are discussed in the chapter on The Personnel of the Department.

DIETETICS AND NUTRITION

While the food served to patients has been sufficient in quantity, it has been decidedly inadequate in those elements which are necessary for a balanced diet and much of the nutritive value of the food served has been lost by improper and inefficient preparation. The reason for this condition was only in part the small per capita budget allowance for food. A more important reason was lack of proper supervision of food planning and preparation and lack of provision for trained dietitians. This function of supervision has been largely carried on by head cooks who may be experienced in the management of kitchens and the handling of kitchen help but who have had little if any training in food values or in scientific food preparation.

LACK OF DIETETIC SUPERVISION

In only 5 of 21 institutions inspected by the commission's adviser on dietetic problems was there a dietitian in charge of food preparation and service. The result of this lack of supervision is clearly apparent. For example, there has been a failure properly to utilize fresh foods which were already being grown on the institutional farm or were then present in the storeroom. At the time of the inspection in one institution, canned vegetables and canned fruit were being served when fresh vegetables and fruit from the farm were available.

In most of the institutions, food was overcooked and prepared far in advance of the time at which it was to be served. In some institutions, the food was served long before patients were ready to eat it, with the result that by the time the patients arrived in the dining rooms the food was cold. In other instances, food traveled long distances without suitable containers to keep it hot. High nutritional losses occur in food when it is prepared far in advance of cooking time, when overcooked, when improper methods of cooking are used, and when such food is held hot over long periods of time. For these reasons the food in most of the institutions has lost much of the original content of its vitamins, particularly those of the B-complex and of ascorbic acid, vitamin C.

With few exceptions, the institutional menus are high in carbohydrates, low in protein and calcium, and deficient in vitamins. Yet with the beef purchased on the hoof by the State, pork raised on the farms, with the possibility of abundance of fresh vegetables, milk, poultry, and eggs, a satisfactory diet, from the standpoint of adequate nutrition, could readily be provided with proper dietetic supervision.

It is, of course, impossible at the present time to secure the services of a sufficient number of properly qualified dietitians to staff the culinary services of the institutions. This is because of the demands, both civil and military, for large numbers of additional trained personnel. That the Army recognizes the need for competent dietitians in Army hospitals is shown by the fact that the Officer Procurement Service has recently issued a call for 1,000 additional trained dietitians, and the New York State Dietetic Association has sponsored a recruiting rally to enlist them. Minimum requirements of the Army for the grade of dietitian are 4 years of college with a major in home economics followed by at least 1 year of internship training in an accredited hospital.

Only 2 of the hospitals and 2 of the schools out of 21 had dietitians with a background of 4 years' college preparation who were in charge of the food service. One school had a graduate of a 2-year course in charge, six hospitals had 2-year course graduates in charge of special diets only, while the remaining institutions had no dietitians whatever. The situation regarding dietitians is not the result of the war; it has existed for many years. Many of the superintendents have recognized the need for dietitians and have tried to get them. They have failed to do so because, in the past years, they had no support in the department's central office.

There are from 3 to 35 kitchens in the institutions visited, with as many as 46 dining rooms in one. Without some central dietary control it is impossible to know what food actually is being served to the patients, or to keep any check upon the method of preparation of the food. In two institutions visited on 2 separate days, large groups of patients who were supposed, under the published menu, to receive cereals for breakfast, were found by the commissioners to be receiving only three slices of bread apiece and a cup of Postum or cup of coffee. In each of these institutions, the superintendent expressed surprise when informed by the commissioners of this fact. The steward stated that supplies were available, but in neither of the institutions had there been any effort to supervise the food which was served or to find out whether the patients were getting what they were supposed to receive.

The present commissioner is cognizant of the need for dietitians in each of the institutions and is making an effort to secure them, knowing that it will be difficult at this time to inaugurate what is, in effect, a new project, when available personnel is so scarce.

Not alone are experienced and qualified dietitians with appropriate experience needed in each institution, but there should be, in the commissioner's office, a trained and experienced nutritionist charged with the duty of inspecting the institutions, and making certain that they maintain adequate food allowances and proper standards in the preparation and in the service of the food. In the past there has been no such supervision. Allowance has been made for this position in the new budget for 1944-45.

As to the cost of food, the report states:

A break-down of the cost of food during this period, including food raised on the farms, has been obtained by this commission. It shows that the daily per capita cost of raw food for all employees and patients in the State schools was 24.4 cents per individual or a cost per meal of 8.1 cents. It shows that the per capita cost of raw food for employees and patients in the State hospitals during this same period was 26 cents per individual and 8.6 cents per meal. When it is considered that the amount of raw food used for officers and employees of the institutions is substantially better and larger than the amount consumed by the patients, it is readily apparent that the cost of food consumed by patients is materially less than the figures given above.

As to production and preparation of food, management of kitchens, and so forth, the report states:

The farms operated by the institutions under the control of the Department produce annually products valued at over \$1,000,000, but there is evidence to show that in many respects the farm production is not coordinated to the food needs of the institutions. It is supposed to be the duty of the person in charge of food service in an institution to plan with the farm manager a schedule of production, so that there may be available the right foods at the right time. There is little indication that this is commonly done.

Bread, which forms a considerable part of the diet in the institutions and appears frequently to be substituted for other articles on the menu, is turned out by the bakeries in generous quantity. It looks and tastes good but lacks enrichment. Since it forms such a large part of the diet, its use results in a daily caloric intake for patients which is preponderantly carbohydrate and practically vitamin and mineral free. Many States now require by law that all white bread be made of enriched flour and contain at least 3 percent of dried milk in order to assure higher protein, mineral, and vitamin content, and no lower standard should be maintained in the State mental institutions.

Food waste varies greatly in the institutions. Waste is frequently caused by lack of standardization of portions. Another factor causing waste is the failure to use standard recipes. Accurate measurement of ingredients assures uni-

formity of quality and cuts down extravagance and wastefulness in compounding diets.

In many of the institutions the kitchens are sadly in need of repairs and repainting. In others of the institutions the kitchens are without screens, with the result that flies are very much in evidence in the food preparation rooms throughout the summer months.

It is probable that for a long time to come most of the work in the kitchens and dining rooms will have to be done by patients acting under the supervision of trained attendants. The use of patients' labor in these capacities is perhaps not desirable, but in view of the shortage of available manpower cannot be avoided. It is a condition which can have bad results, depending upon the adequacy of the supervision. In many respects the use of patient labor in food preparation has a therapeutic value for the patients who are so employed. However, it is particularly necessary under those conditions to make certain that a careful check be kept on the sanitary facilities in the kitchen. This check has not been kept in the past. It would seem desirable that arrangements be made for a physical examination of every patient working in the kitchens or dining rooms, and that sinks be installed in each of the kitchens in such positions that all patients and employees would be compelled to wash their hands whenever they entered the kitchen. The training of patients and employees, too, in rules of good hygiene is important.

Correction of the physical conditions should be a primary objective in any plan for the repair of the institutions. However, the fundamental problem in this branch of the institutions, as in so many others, has been a failure on the part of the Department in past years to provide an adequate staff of trained personnel at the top to direct the food preparation.

A description of the method of receiving patients, classifying them, and so forth, appears on page 16, as follows:

When a patient is admitted to a hospital, he is given a physical examination. The interrelationship of the physical and the mental is well known. Without an adequate physical examination on admission, the cure of the mental ills of the patient may be long delayed. However, in many of the institutions this physical examination on admission has been inadequately recorded. Particularly in the State schools and Craig Colony are the admission examinations cursory. Examinations of this type do not give an adequate picture of the individual's physical condition. For example, it has been obvious for a long time that no such physical study is complete without supplemental laboratory examinations and X-rays. Rarely in any of these institutions is a blood picture taken on admission and chest X-rays on admission have been started only in the present year.

When a patient is first received he is placed in a reception building, where customarily living conditions are more pleasant than in the so-called continued-treatment wards. In the reception building, the patient usually sleeps in a single or double room and has more homelike surroundings. While in this building, an effort is made to diagnose his condition and determine the care or treatment needed. The reception units seem to work particularly well in most hospitals, for there the emphasis is upon diagnosis and treatment. These units are organized as hospitals and a substantial number of patients, after treatment for relatively short periods of time in these units, are discharged. It is a striking commentary on the lack of statistical methods of this Department, however, that this commission has been unable to ascertain what proportion of the patients discharged from the mental hospitals in a year had never progressed beyond the reception unit.

If a patient does not respond to a period of treatment in the reception unit, he is then transferred to a continued treatment ward. Segregation in those wards is not by diagnosis but by the type of behavior of the patient. In this way acutely disturbed patients are separated from the mildly disturbed patients. These wards usually house approximately 60 patients who sleep in a single dormitory at night. The dormitories are connected with a room known as the day-room, furnished with heavy chairs, tables, and benches, off which room as a rule, is an open porch enclosed by heavy bars. In this day-room, the average patient spends the day hours unless he is assigned to work in some part of the institution or is sent to occupational therapy class.

The commission has considered charges that patients in these continued-treatment wards are physically mistreated by employees and attendants. Un-

doubtedly some cases of this nature do occur, but the commission believes that they are relatively rare and isolated cases. There has been no credible evidence of physical mistreatment of patients, except in rare cases and the commission believes that the superintendents of the hospitals are alert to the necessity of discovering and discharging employees responsible for such mistreatment.

The real problem is not one of active mistreatment of the patient as much as it is of the lack of adequate professional care of the patient. Proper psychiatric care requires active and not merely passive medical supervision. While there has been no budgetary ratio of physicians to patients in the mental institutions, this commission is advised by the department that a tentative ratio of 1 physician for each 150 patients has been the goal of the Department. This ratio has never been achieved, the best ratio having been approximately 1 to 180.

Even eliminating those physicians who are in executive positions and those who are charged with special functions, this ratio of physicians to patients would seem to have been sufficient if the psychiatrists could have given their time to the psychiatric treatment and care of the patients. The trouble has not been so much shortage of psychiatrists, as that these members of the staff have had too little time for education in and practice of psychiatry and very little supervision of their psychiatric work.

It is customary for one physician to be placed in charge of a building or a number of wards in a building. This member of the staff, as the system is at present organized, has charge of administrative matters with reference to the buildings or wards, takes care of the physical ills of the patients, and is supposed also to attend to the psychiatric treatment of the patients. It is estimated by members of the commission's staff who have visited the institutions, that from a quarter to a half of the time of the staff physicians is expended on the care and treatment of the purely physical ills of the patients.

The studies of this commission lead it to the conclusion that two steps should be taken to enable these ward physicians to devote their time primarily to the psychiatric care of the patients in their charge.

In the first place, a better organization of the nursing care would take a considerable amount of administrative work from the shoulders of these physicians. This matter is discussed in the section on "Nursing Care of Patients."

In the second place, the care and treatment of the physical ills of the patients which now take a substantial amount of the time of the ward physicians, could be handled much better by a small resident staff of medical and surgical internes and residents supplemented by a visiting staff of outside physicians. To expect a physician who is primarily a psychiatrist, also to be an expert in the handling of fractures, treatment of conditions of the eye, ear, nose, and throat, and in the treatment of the numerous other ills which befall patients in these hospitals, is fair neither to the physician nor to the patient.

The addition of such a resident staff of medical and surgical men would not mean an increase in the total number of physicians on the staff but rather a better organization of the staff since the number of physicians would, in the opinion of the present commissioner, not need to be greater than the total number now provided for. The adoption of this proposal would mean that so far as the physical ills of the patients were concerned, the hospitals would operate on a basis similar to that of a general hospital. The work of the resident staff would be supplemented by a staff of visiting physicians in the various specialties of medical practice, who would have regular services in the hospitals as they now do in general practice. One institution which has already made considerable progress in this direction is Rockland State Hospital.

In addition, it would be desirable to have physicians from the community who are specialists in the fields of neurology and psychiatry added to the regular visiting staff at all the institutions.

The results to be gained by the adoption of such a method of medical organization would be—

(a) The ward physicians would be enabled to devote their attention primarily to the psychiatric care of patients.

(b) The physical ills of the patients would be treated either by resident physicians, particularly qualified, or by specialists in active practice who would be conducting a regular service in the hospital.

(c) The entire institution would receive a stimulus because it would have, on its regular visiting staff, physicians in active practice who would thus bring the institution and its problems to the attention of the community and the local medical societies. Most of the hospitals today carry in their reports lists of

physicians as "consulting staffs," but these consultants come in only when they are called for special situations. They do not have a regular service in the hospital and are not substitutes for a regular visiting staff.

Some of the personnel problems are discussed on page 20, as follows:

In the larger hospitals provision has been made for several administrative assistants to the superintendent. These share the administrative burden while the clinical director alone must assume the responsibility for the increased clinical work which must be carried on. No provision has been made for a sufficient number of associate and assistant clinical directors and as a result the position of clinical director has in many instances become an office desk job, leaving little time or opportunity for directing the care and treatment of patients.

The clinical director receives the same salary as an assistant to the superintendent. To better his earnings, he must change over to administration and become an administrative superintendent. The position of superintendent carries the highest salary on the institutional pay roll and hence it becomes the ambition of most of the members of the staff to leave their clinical duties and become executives as quickly as possible. Because of this, there are those with years of experience in pathology and with the highest clinical qualifications who have given up their chosen work and transferred to an administrative post in order to obtain advancement. Many promotions have been made directly from the clinical field to the superintendency.

As a result, in some institutions we have neither outstanding clinicians nor adequate administrative superintendents. Different qualifications and different types of personality are needed for positions of such dissimilar natures. To make institutions function as hospitals the emphasis must be changed so that clinical medicine will rank equally important with hospital administration.

In the chapter on departmental and institutional organization the commission recommends a change in the hospital organization in order that the present condition will not continue, and so that a physician specializing in clinical medicine may thereafter advance to a post as clinical director in the institution more nearly comparable in compensation and emoluments with that of the administrative superintendent, and so that there will be a differentiation in duties and responsibilities between the clinical staff and the medical administrative staff.

The clinical director in such an organizational set-up would supervise and direct the clinical work with the patients. He would have the responsibility of seeing that every patient's case was reviewed periodically and that the progress or retrogression of the patient was closely watched and studied. The ward physicians would be responsible to him. This would put the emphasis on the cure of the patients rather than merely on their custodial care.

And on pages 20 and 21, as follows:

Under the civil-service law and regulations medical positions, other than those of intern or assistant physician, have been filled by civil-service promotional examinations from those in a lower rank. As a result, any physician wishing to enter the New York State hospital system could enter it only in the lower brackets of intern or assistant physician. The higher positions are then filled only by those promoted from lower ranks in the institutions.

The result has been that no new blood comes into the institutions from the outside except in the lowest rank. Those who enter the Department in this position as a rule fall into two groups:

(a) Those who desire a lifetime position of security, and

(b) Those who are actively interested in the care of the mentally ill and wish to specialize in it.

It is obvious that the physicians who hold most promise for the future are those in the second category. However, the physicians in this category are the very men who, as a rule, wish a variety of experience and who to a large extent leave the State hospital system after a few years and go elsewhere to get a broader experience. It is just such men, or men of this type who have advanced in other institutions for the care of the mentally ill, who should have the opportunity to compete on even terms for positions of responsibility on the medical staff of the department when a civil-service examination is held. The present system allows for no such possibility, and many of the able, progressive men are winnowed out of the system with no corresponding opportunity to draw in men of outstanding ability.

It is the opinion of the members of this commission that although the department now has more physicians on its staff than it had 20 years ago, the over-all quality of the physicians coming into the department is relatively lower than it was at that time. Over half of the superintendents stated that in their opinion one of the principal weaknesses in the department is that it has not been attracting the best-equipped types of physicians. This matter is further discussed and recommendations are made with reference thereto in the chapter on the personnel of the department.

Certain methods of treatment and the history of the adoption thereof are discussed on page 22, as follows:

The second form of shock therapy to be introduced was metrazol. Electric-shock therapy, the last to be introduced, has been continually used in many of the hospitals with good results.

Nevertheless, in spite of this record of early instruction in shock therapy and the good results which appear to come from it, we find the following:

Only 12 out of the 20 hospitals are now regularly using insulin-shock therapy. Only 5 are using metrazol regularly, and 2 of the institutions have never used electric-shock therapy. Binghampton, Kings Park, and Utica have used electric-shock therapy only recently. One institution has never used any form of shock therapy.

In other words, a patient who lived in Syracuse, if he were taken into Syracuse Psychopathic Hospital and thereafter to Willard State Hospital, would never have had the advantage of insulin-shock therapy, while the same patient, if he had been committed to Marcy State Hospital, would have had the opportunity to receive the treatment.

Any such chaotic result cannot be entirely excused on the ground of lack of personnel, for some hospitals which have discontinued insulin-shock therapy on this ground have no greater shortage of personnel than some which are continuing it. The fundamental reason was the inertia above described. Certain institutions were able and alert in clinical matters while others were not. There was no over-all direction from the department as a whole to bring up the standards of those institutions which were lagging behind.

And further on page 23:

Not until 1941 were steps finally taken, in cooperation with the State department of health, to put on an organized program of control of the disease of tuberculosis in the mental hospitals. In that year a start was made and a survey made of all patients and employees to determine the extent of the existence of the disease. Analysis showed, in the 23 institutions first surveyed, that 4,273 patients, or 5.2 percent, had clinically significant tuberculosis, requiring segregation, and that an approximately equal number had lesions, apparently healed or not active. Among 14,228 employees, 156, or 1.1 percent, had clinically significant tuberculosis, while 359, or 2.5 percent, had apparently healed lesions.

A resurvey, now in progress, shows some improvement in the tuberculosis situation, but a great deal must be done before a satisfactory control can be effected.

The almost casual way in which shock therapy has been employed and the ineffectual handling of the tuberculosis problem are tangible examples of inadequacy of medical care in the State mental institutions. They may be regarded as symptoms of a deep-seated defect and justify the conclusion that the less tangible medical and psychiatric problems are, likewise, ineffectually dealt with when viewed from the standpoint of a progressive and scientific application of medical knowledge.

The entire report is interesting and instructive, but the excerpts indicated are sufficient for present comparative purposes.

THE CHAIRMAN. Have you completed your statement, Doctor?

Colonel BAIRD. Yes.

Mr. ALLEN. Does he have some recommendations?

THE CHAIRMAN. Do you have some recommendations?

Colonel BAIRD. No, sir; I have not; only in comment upon what Mr. Maisel said.

THE CHAIRMAN. Your comments stand as your recommendations?

Colonel BAIRD. Yes.

Mr. ALLEN. I would appreciate, Mr. Chairman, if the gentleman would, in extending his remarks in the record, give whatever suggestions he may have for himself from his experience as a physician and also in connection with this program.

That is what we would like to have, Colonel. We want to solve this problem and want to help you folks solve it. If you have any suggestions, we would like for you to extend your remarks and let us have your suggestions.

The CHAIRMAN. What is that?

Mr. ALLEN. I would like to have him extend his remarks and let us have his recommendations.

The CHAIRMAN. You can do that, Doctor, if you care to.

(The extension of Colonel's Baird's remarks follow:)

COMMENT ON QUOTATIONS FROM ROBERT HEGLER, CITED BY A. Q. MAISEL, APRIL
ISSUE COSMOPOLITAN

(a) Hegler wrote: "A veteran of this war was tied to a chair with a sheet. One of the attendants told him to shut up. When the patient refused, the attendant threw several vigorous punches into him. Five other attendants, including a head attendant, looked on without comment."

Comment: The chair incident reported by Hegler occurred November 22, 1943, and it is verified by the testimony of Attendant Hofmann, A. 10-23, pages 483-484, Report of Investigation. Attendants Thompson, Buckwalter, and Flowers testified they had no knowledge or recollection of the incident although Attendant Thompson testified that the patient, Sullivan, was tied in the manner described many times.

(b) "The same night * * * I saw another attendant hit a young, non-resistive patient in the back * * * and hit him on two different occasions while he was in bed."

Comment: The incident evidently refers to what transpired November 22, 1943, involving Patient Ralph Benner and Attendant Jones. Attendant Jones denied the allegation made by Hegler and the clinical file of Benner contains no information relating to the incident alleged although notes made in November 1943 are to the effect that the patient was hyperactive and noisy. See testimony of Attendant Jones, A. 39-46, pages 578-579, and testimony of Hegler, A. 18-27, pages 402-403.

(c) "Two weeks later I was ordered by the head attendant to turn cold water on a patient held forcibly under a shower."

Comment: Apparently the shower incident occurred December 7, 1943, and involved Patient Sullivan and Attendants Gay and Hofmann. The testimony is not clear that the patient was given a "cold shower" although Attendant Hofmann recalled that there were some 30 or 40 patients to be "showered and if there had been more adequate coverage of the wards, the situation could have been handled with less violence." It is probable that Attendant Gay did request Hegler to turn on cold water. See testimony of Hegler, A. 44-45, page 407, and Hofmann, A. 46-69, pages 488-489. It is fairly well established by the report of investigation that cold showers were given as restraint measures at the Lyons Facility. See testimony of Attendant Nutson, A. 109-120, pages 855-856, and Attendant D'Amico, A. 50-73, pages 182-186.

(d) Hegler wrote of patients being "wrung out"—the attendants' lingo for choking a veteran with a towel around the neck—while other attendants looked on and did nothing.

Comment: In reference to this item, it is fairly well established by the report of investigation that patients were or are being "wrung out," particularly noting in this connection the testimony of Attendant Inglis, A. 81-86, pages 544-546. Certain excerpts are noted herein from the facts set forth by the investigator in the report of investigation as to Inglis' testimony. "He frankly admitted having struck, slapped and 'wrung out' patients; that the 'wringing out' of a patient consists of a clever hold around the patient's neck which renders the patient almost helpless due to sufficient pressure being brought to bear, cutting off the flow of blood from the brain, causing the patient to become unconscious;" and

adds "that 'it is contrary to doctors' opinions on the basis that it is liable to be dangerous, I guess"; that 'wringing out' can be done either with a towel or the arm but that he, Inglis, always used the arm method." See also testimony of Blickenstaff, A. 54-67, pages 75-77, Buckwalter, A. 34-48, pages 112-114.

(e) Hegler told of a patient who was held down by one attendant and kicked in the head by another, until two stitches were required to repair the damage.

Comment: This item evidently refers to the case of Patient Francis B. McCloskey and the incident is alleged to have occurred January 29, 1944. There is some conflict in the testimony of Attendants Hegler and Glover; however, Attendant Inglis testified that he had personal knowledge of the incident and that he, Inglis, was in the act of holding the patient when he was kicked in the head by Attendant Cantillion. The clinical file of the patient contains information to the effect that the patient struck the attendant, following which the patient backed up, rushed the attendant with head down striking his head on a door jamb receiving a laceration about 1 inch long on left temple near the eye requiring suture and dressings. See Inglis, A. 60-75, pages 540-544.

(f) Hegler reported "one seriously ill patient was beaten up in bed by two attendants." This man, according to Hegler's diary, died the next day.

Comment: This refers to the case of Patient Mike P. Brown who, according to the testimony of Attendant Mickens, was beaten in the face by Attendants Bell and Cameron who administered punishment with their fists several times and then with a pillow; that among other things, "while hitting the patient with the pillow the patient's head would bounce back and hit the mattress." This episode occurred on the night of February 9, 1944, and the veteran's death occurred the following day. It is shown by certain of the clinical records that on February 10 the veteran's temperature was 106.2; that he was placed in an oxygen tent at 8:35 p. m. and expired at 10:11 p. m. Autopsy was performed revealing pathology in the heart, liver, and kidneys, and that the immediate cause of death was "myocardial degeneration and other conditions—chronic exhaustion state and psychosis; dementia praecox." It is shown by the clinical records that the veteran was admitted to the Lyons Facility February 15, 1943 and that the initial examination of March 3, 1943, reported a diagnosis of dementia praecox, catatonic type. Among other things of interest in this case is the comment of Investigator Vogtman quoted herein: "Several pages of the nurse's progress and treatment record contain no date or time the notes were made. The report of disposition indicates that an autopsy was performed but the autopsy report was not in the clinical file. Upon inquiry it was learned that there was a probability of the report having been dictated but no one seemed to know where the report was or where it could be found."

It is fairly well established that the patient was seriously ill at the time of the punishment administered by the attendants although the evidence is not conclusive that the punishment given him directly resulted in his death the following day. See testimony of Hegler, A. 101-104, pages 418-420; Tescher, A. 16-24, pages 1102-1105; Mickens, A. 6-49, pages 773-780; Loeb, A. 28-47, pages 52-53.

(g) Hegler reported "a nurse throwing medicine into a patient's face when he failed to finish drinking the dose."

Comment: The episode cited herein evidently involved Patient Theodore C. Egbert under the care of Nurse Annie Nugent. The allegation is not verified but in fact denied by Nurse Nugent in her testimony contained in A. 85-86, page 886, and Attendant Gible when interrogated concerning this subject thought that he recalled the incident but was uncertain. See A. 31V32, page 273, as to Gible, and testimony of Hegler, A. 126-130, page 425.

CARE AND TREATMENT OF NEUROPSYCHIATRIC PATIENTS IN STATE INSTITUTIONS AS COMPARED WITH THAT IN VETERANS' ADMINISTRATION FACILITIES

In a paper released by the Department of Commerce May 22, 1945, the following is stated:

"An acute shortage in the personnel of State hospitals for mental diseases, which reflects the wartime manpower crisis, is indicated by statistics announced today by Director J. C. Cant, of the Bureau of the Census, Department of Commerce. At the end of 1943, there were about 61,000 full-time employees in these hospitals, or about 147 for every 1,000 patients. This ratio of employees to patients was the lowest in the entire period between 1934 and 1943, and represents a decrease of about 16 percent from a peak of 176 in 1940.

"Expenditure for maintenance by State hospitals during 1943 totaled \$138,491,553, or a per capita expenditure of about \$3.61. Between 1934 and 1943 the per capita expenditure for maintenance increased by about 36 percent. This increase indicates in part an increase in the adequacy of care provided patients in these hospitals, but it also represents, particularly in the latter part of the period, the general increase in the cost of living.

"During 1943 the average daily resident-patient population of State hospitals exceeded their normal capacity by 10 percent. The corresponding percentages for 1942 and 1941 were 9.5 and 9, respectively. The percentage by which average daily resident-patient population exceeds normal capacity is a rough measure of overcrowding, and its variation from year to year indicates something as to the extent to which new construction has kept pace with the growth of patient population."

In a paper released by the Department of Commerce January 31, 1944, the following is stated:

"The wartime demand for trained medical personnel has created a critical manpower shortage in State hospitals for mental disease. Nearly one-third (30.9 percent) of the positions available for physicians and medical internes were vacant at the end of 1942, according to figures announced today by Director J. C. Capt, of the Bureau of the Census, Department of Commerce. The percentage of vacancies for graduate nurses was 26.1 and for all employees 17.2. Specific information on vacancies was received from 111 of the 188 State and Federal hospitals in operation in the United States in 1942. The data on vacancies, by occupation, are presented in table 1."

You will note from the foregoing that State institutions are crowded about 10 percent above normal capacity; that these institutions are handicapped the same as the Veterans' Administration by personnel shortages and that the Veterans' Administration expends more than two times as much for the treatment and care of a patient as the State institutions.

The CHAIRMAN. Thank you very much, Dr. Baird.

I want to say I am not a medical expert, never went to medical school a day in my life, but you have made a splendid statement and one which I think would have attracted great attention if you had been addressing an audience of medical experts on the subject.

Colonel BAIRD. Thank you very much.

The CHAIRMAN. I may be wrong on that, but that is the way I feel about your statement.

Colonel BAIRD. I appreciate that very much.

The CHAIRMAN. We are going to take a recess now until 1:30. We will have Dr. Wolford at 1:30.

(Whereupon the committee recessed until 1:30 p. m. of the same day.)

AFTER RECESS

(The hearing was resumed at 1:30 p. m., pursuant to recess.)

The CHAIRMAN. The committee will come to order. The committee will go into executive session.

(Whereupon at 1:30 p. m. the committee went into executive session, at the conclusion of which the hearing was resumed, as follows:)

The CHAIRMAN. The committee will come to order.

Mr. McQUEEN. Mr. Chairman, I wish to introduce into the record now the exhibits called for from Dr. Baird. The pages are marked in these three exhibits. Dr. Baird is the gentleman that testified this morning.

I will now call Dr. Wolford.

The CHAIRMAN. You may proceed, Doctor.

STATEMENT OF COL. ROY A. WOLFORD, ASSISTANT MEDICAL DIRECTOR, TUBERCULOSIS DIVISION, VETERANS' ADMINISTRATION

Mr. McQUEEN. Doctor, would you state your full name and official position with the Veterans' Administration?

Colonel WOLFORD. My name is Roy A. Wolford. I am assistant medical director in charge of the tuberculosis division.

Mr. McQUEEN. What school, or schools, Doctor, are you a graduate of?

Colonel WOLFORD. I graduated in medicine from the University of Maryland in 1917.

Mr. McQUEEN. What degrees do you hold?

Colonel WOLFORD. I hold the degree of M. D.

Mr. McQUEEN. And what societies do you belong to at this time and are affiliated with?

Colonel WOLFORD. I am a Fellow of the American College of Physicians, a governor of the college, a member of the membership committee, and a member of the council on military affairs, a member of the American Trudeau Society, and a member of the Association of Military Surgeons.

Mr. McQUEEN. Now, Doctor, when did you graduate from or when did you commence the practice of medicine—in what year?

Colonel WOLFORD. I graduated in 1917, interned at Maryland General Hospital, entered the Army in April 1918, and was discharged from the Army in May 1919, and was resident surgeon at St. Joseph Hospital in Lancaster, Pa., for 1 year. I entered the United States Public Health Service as a Reserve officer on August 1, 1920, and have been in service in the United States Public Health Service and the Veterans' Bureau and the Veterans' Administration since that time.

Mr. McQUEEN. And what has been your specialty?

Colonel WOLFORD. I am a specialist in internal medicine.

Mr. McQUEEN. Doctor, you may proceed with your statement before the committee.

Colonel WOLFORD. As assistant medical director in charge of the tuberculosis hospitals, the Administrator and medical director have placed upon me the responsibility of answering many allocations in this report of Mr. Maisel, as contained in his first article entitled "Third Rate Medicine for First Rate Men," which appears in the March issue of the *Cosmopolitan*.

The editor of this periodical commenting in his editorial column, stated:

There's a shocking article on page 35. The author has spent many months collecting the facts. Now he presents them, fully documented and with a sincerity learned on two battle fronts.

It will be my purpose to refute by documentary evidence many of Maisel's statements bearing on veterans and I feel assured that I can also prove to your satisfaction the editor to be wrong on at least three counts (1) that Mr. Maisel did not spend months collecting facts or if he did he did not use them in his article, (2) that his presentation is not factually documented, and (3) that there is a distinct ring of sensationalism, and a show of gross ignorance but no sincerity of purpose in what he has written.

The editor failed to say that the article would have a far-reaching effect on the peace of mind of millions of veterans and their families; that it would shake the morale of the patients in every veterans' hospital in the country; that it would malign and be a source of discouragement to every nurse and every physician in the Veterans' Administration, the very individuals who have with true sincerity unselfishly dedicated their lives to serve those veterans for whom the editor glibly states, "it is therefore with a sense of public and humane obligation to the men in our armed forces—past and present—that we publish these damning facts," nor did the editor tell the reader that it would be the seriously and critically ill veteran whose life is almost despaired of and whose eternal hope for recovery is bulwarked by the faith and confidence that has been builded in his mind by the skill and training of the physicians, nurses, and other personnel in whose hands a grateful Government has placed him, who would in the end be the loser.

I hope I am not speaking with too much feeling but if I am, I ask that you pardon me for I am but voicing the righteous indignation of every loyal employee of the Veterans' Administration to whose attention this article has come.

Mr. Maisel implies that his statements are based on the published figures issued by the Veterans' Administration itself; that in many of the veterans' hospitals he has visited, the death rates are actually higher, the "cure" rates far lower and conditions far, far worse than any cold statistics can ever indicate.

What are the actual facts:

Mr. Albert Q. Maisel did visit two tuberculosis hospitals of the Veterans' Administration and the tuberculosis department of one of our general hospitals. Let us see upon what his conclusions were based.

In the early fall Mr. Maisel did call at the Minneapolis Hospital. He visited with the chief of the tuberculosis service in his office in that hospital for almost 1 hour. He did not see the wards or kitchens or interview any of the patients and according to the physician he contacted, he indicated the purpose of the jaunt from Massachusetts to Minnesota was to gather material which would be of interest to the public who knew little or nothing about "the greatest clinic in the world." It appears that it started out as a laudable enterprise but that subsequently somewhere along the road it degenerated into some rather lucrative journalistic trickery based on hasty generalizations.

Next we find Mr. Maisel visited the Castle Point, N. Y., tuberculosis hospital. He was interviewed by the manager and gave the impression that he was interested in the ex-servicemen; that he had been a war correspondent and that he was preparing a book. He asked if he could be permitted to visit the hospital and talk with a few of the patients. This seemed to be a natural request and no objection was interposed since many people who are interested in the Veterans' Administration and the work it is doing come out of interest to see for themselves what is actually going on inside the hospital buildings. Mr. Maisel talked to some of the patients, as stated in his article. With relation to the statistics referred to throughout his report, he was not given any statistical information concerning any of the administrative matters of the hospital other than he was told that the bed capacity was 625. At the time he visited Castle Point, N. Y., construction was in progress, increasing the bed capacity from 479 to 625.

During the alteration program it was necessary to evacuate parts of wards. The patients evacuated had to be reabsorbed in certain other rooms. Also during the reconstruction program the rooms constructed for day rooms were necessarily used temporarily for housing the patients. This was essential, due to the urgent demand for beds. However, at no time were any of the rooms overcrowded. The alterations and reallocation of space were made in accordance with standard plans allotting at least 70 square feet of space for each bed. Mr. Maisel was informed the additional beds were being obtained through reallocation of space. His statement that the patients were robbed of day rooms, diet kitchens, and toilet facilities is not borne out by the facts. The toilet facilities of all the wards were increased where rebuilding was involved. There was provided a special day room on each ward which did not exist prior to the construction, and there is an adequate nourishment kitchen on each ward. During the alteration period at no time did the bed capacity of a five-bed room exceed six beds, or did a two-bed room exceed three beds as a temporary expedient.

If the committee wishes, we have the plan here of hospital building No. 15 at Castle Point before the remodeling and after the remodeling, which you may be interested in seeing. You will note that we provided more private rooms for the patients than were there before the remodeling, and that the day-room space was increased, and several other features, which is part of a modern tuberculosis hospital, remembering that the Castle Point facility was constructed originally about 1923, when the ideas about tuberculosis hospitals were very much different than they are today.

(The plans referred to appear facing this page.)

Mrs. ROGERS. What is the bed space per patient? Have you given that?

Colonel WOLFORD. It is 70 square feet.

Mrs. ROGERS. And that is maintained throughout?

Colonel WOLFORD. That is right; yes.

The CHAIRMAN. I understood you to say that this remodeling that you were doing was necessary in order to increase the number of beds?

Colonel WOLFORD. That is right. Before we started to remodel we took up with the manager the possibility of transferring a certain number of his cases to another hospital. We did that at several hospitals. We did that at Oteen, and we did it at one or two other hospitals where we introduced this remodeling program.

The CHAIRMAN. Did Maisel state that this remodeling was going on while he visited the hospital? Did he tell that in his story?

Colonel WOLFORD. I don't think so, sir.

Mr. McQUEEN. No; he did not.

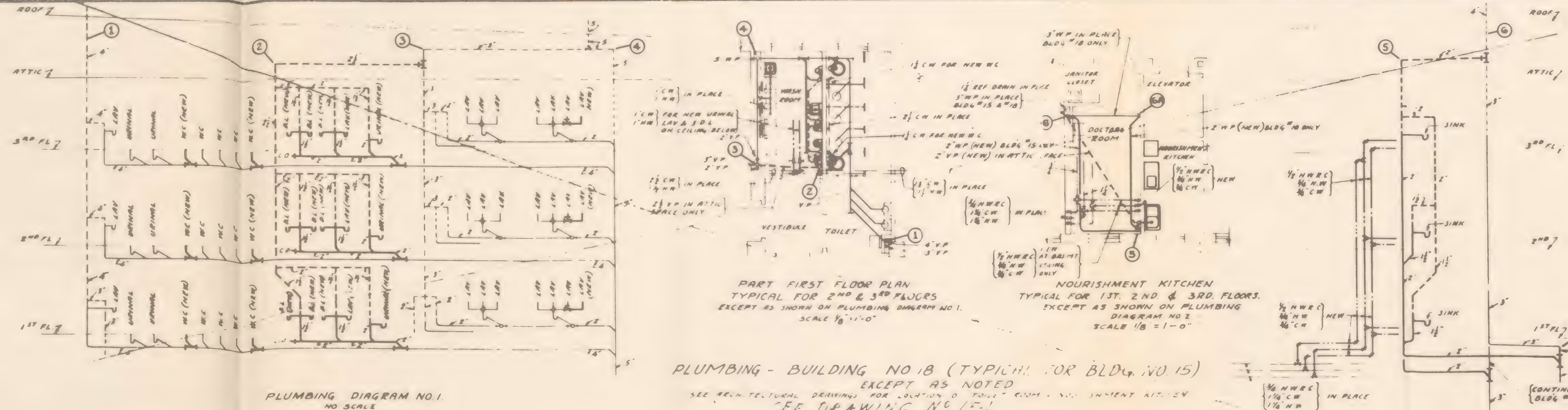
The CHAIRMAN. In other words, he drew this picture of conditions there and did not tell the public that it was during the time when this expansion was going on, when these extensions were being built?

Colonel WOLFORD. That is right.

The CHAIRMAN. And it was necessary to shift these patients about in order to make these improvements?

Colonel WOLFORD. That is right, sir. The construction started there in October 1943, and the station reports the progress of the work was completed on October 31, 1944, which was during the period that Mr. Maisel visited Castle Point.

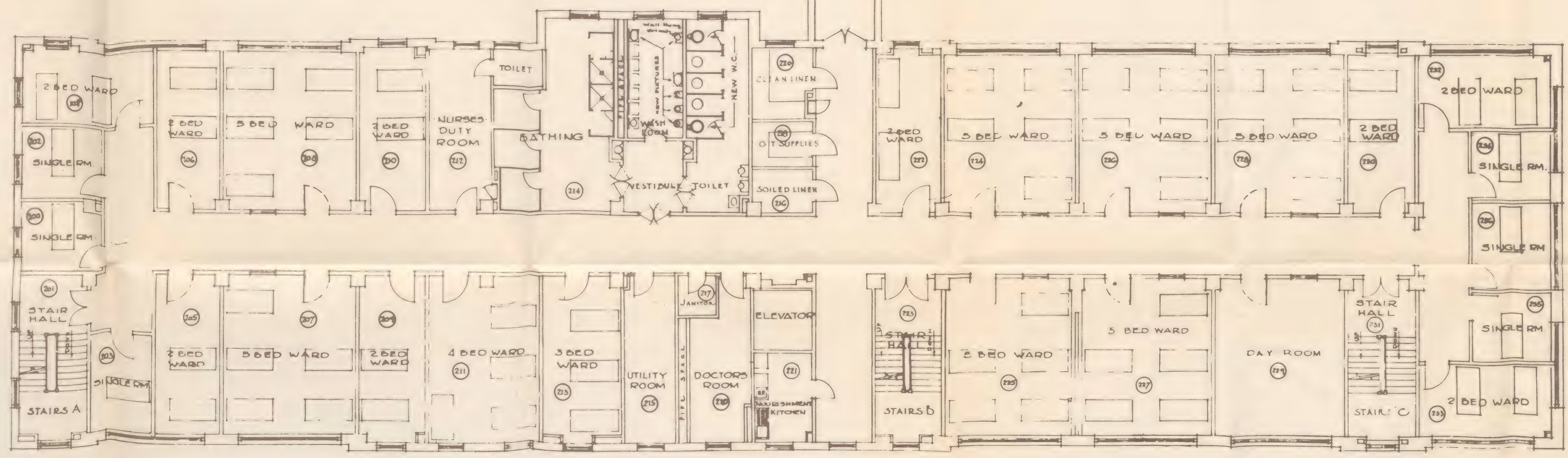
Mrs. ROGERS. Are any day rooms used there for bedrooms?



PLUMBING NOTES:
 NEW PLUMBING PIPE & FIXTURES ARE SHOWN IN BOLD LINES.
 PLUMBING PIPE & FIXTURES IN PLACE ARE SHOWN IN LIGHT LINES.
 WHEREVER FIXTURES ARE REMOVED, PIPING NOT REMAINING IN
 SERVICE SHALL BE REMOVED OR ABANDONED. ABANDONED PIPING
 SHALL BE DISCONNECTED FROM PIPE REMAINING IN SERVICE, ALL OPENINGS
 IN ABANDONED PIPING SHALL BE CAPPED OR PLUGGED.
 FOR GENERAL NOTES, SYMBOLS & DETAILS SEE STANDARD
 INTERIOR DETAIL SHEET FOR PLUMBING.

REFERENCE DRAWINGS, TREASURY DEPT. CHELSEA, N.Y. INFIRMARY BLDG.
 DWGS NOS. PH-608, PH-612 INCL. 1 P-621.

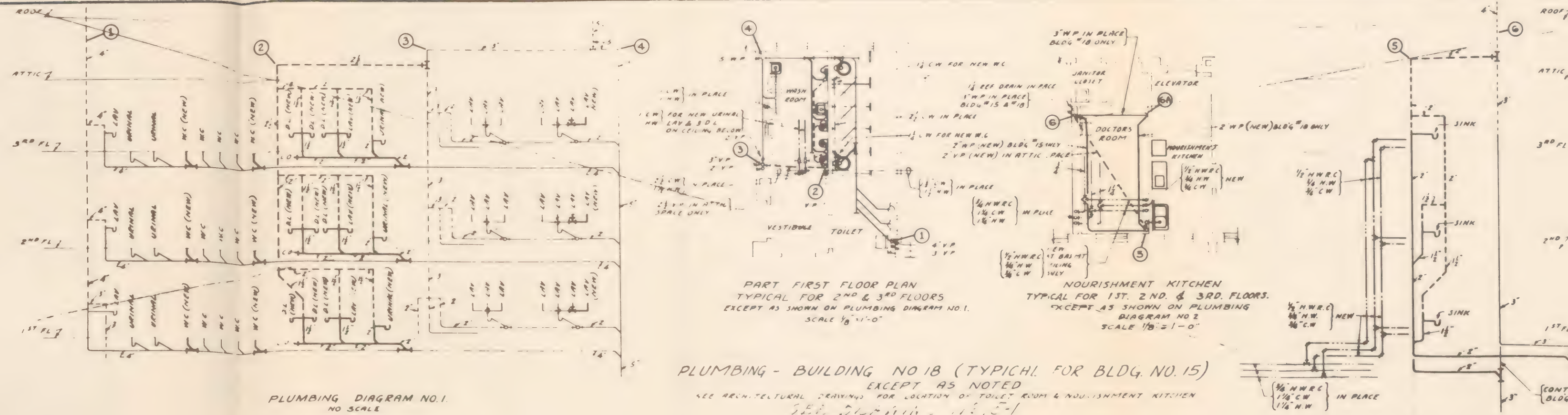
RECORD
 OF
 PLAN CHANGES
 Corrections made according to CA letter 10/15/43 & 10/16/43



VETERANS ADMINISTRATION
 WASHINGTON, D. C.

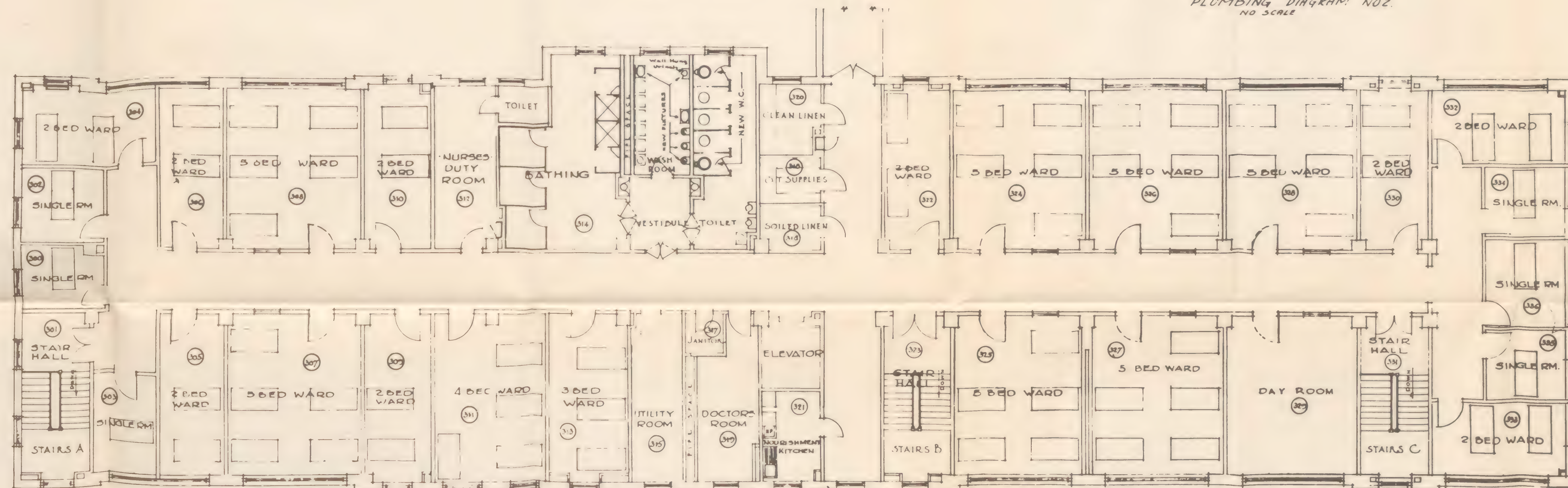
APPROVED *Frank P. Thies* Administrator
George E. Jones Assistant Administrator
J. H. Smith Director of Construction
W. J. Salsbery Chief Technical Division

HOSPITAL - BUILDING - NO. 15 VETERANS ADMINISTRATION CASTLE POINT - N.Y.		
Drawn <i>T. G. Plog</i> Plog & Plog	REVISIONS 5-26-44	NUMBER 15-2
Traced <i>J. H. Smith</i> Sect. Chf.		SHEET 1 OF 3
Date 3/15/43		Proj. No. 2103
Sub-division Chief <i>W. J. Salsbery</i>		



PLUMBING NOTES:
 NEW PLUMBING PIPE & FITURES ARE SHOWN IN BOLD LINES
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 REFERENCE DRAWINGS, TREASURY DEPT. CHELSEA, N.Y. INFIRMARY BLDG
 DWGS NOS PH-608, PH-612 INCL & P-621.

Corrected according to CO Letter 10/24/43 & Supl's Letter 4/4/44



VETERANS ADMINISTRATION
 WASHINGTON, D. C.

APPROVED *Frank G. Tennes* Administrator
George E. Young Assistant Administrator
John H. Smith Director of Construction
W. S. Jackson Chief Technical Division

HOSPITAL • BUILDING • NO 15		
VETERANS ADMINISTRATION		
• CASTLE • POINT • N.Y. •		
Drawn F.G. PLS J. VOLPE	REVISIONS 5-26-44	NUMBER 15-3
Traced J.J.V. PLS J. VOLPE		
Sect. Chd.		
Date 3/15/43		SHEET 1 OF 3
Sub-division Chief		Proj. No. 2105

Colonel WOLFORD. Were during the alteration program.

Mrs. ROGERS. But not now?

Colonel WOLFORD. No; not now.

Mrs. ROGERS. They have plenty of sun porches there? Do you have a solarium?

Colonel WOLFORD. We have increased the day room space by the remodeling program. We have the plans here which I would like to introduce in the record, and maybe some of the gentlemen or Mrs. Rogers would like to look them over. The white sheet is the floor plan of one of the wards before it was remodeled. The blue sheet is the plans after the remodeling.

The CHAIRMAN. We will put them in the record.

(The plans referred to appear facing p. 816.)

Mrs. ROGERS. Are you giving the number of doctors and nurses?

Colonel WOLFORD. I can give that to you now.

Mrs. ROGERS. Wherever it comes in your statement.

Colonel WOLFORD. I have no statement that brings in the number of doctors and nurses there, but I have the material if you would like to have it.

Mrs. ROGERS. Have you an adequate staff of nurses there, and doctors?

Colonel WOLFORD. We have an adequate staff of doctors.

The CHAIRMAN. I wonder if it would not be a good idea to let him present his statement and then ask questions?

Mrs. ROGERS. I don't care where it comes, Mr. Chairman, I just wanted to get it in the record some time. I just didn't want the committee to adjourn without having that information, because I think it is very important.

Mr. VURSELL. I think we put a lot of extraneous matter in this record, and it is slowing up the investigation. I think all these questions ought to be asked after he has completed his statement, because a number of us don't want to stay in this room all the time, because we have other committees to attend.

Mr. SCRIVNER. At the same time, Mr. Chairman, there are some questions that are properly asked right at the time the statement is made in the record. If we wait until the entire statement is made—I don't know how many pages there are here, but possibly 50 or 60—and then try to come back, it is so remote from the original statement that it has lost all text and context.

Mrs. ROGERS. I would like to follow your suggestion, Mr. Scrivner.

The CHAIRMAN. All right, Doctor, you may proceed.

Mrs. ROGERS. May we have that put in the record now?

The CHAIRMAN. If he has it; yes.

Colonel WOLFORD. At Castle Point the total number of physicians is 20.

Mrs. ROGERS. Are they highly trained in tuberculosis work?

Colonel WOLFORD. Most of them are; yes. Do you want their qualifications?

Mrs. ROGERS. I think it would be well if they were introduced in the record at this point. I will ask that the qualifications of the doctors there be placed in the record without reading them.

The CHAIRMAN. You mean the qualifications of each doctor?

Mrs. ROGERS. Yes.

The CHAIRMAN. How many patients are there in that hospital, Doctor?

Colonel WOLFORD. There are 613. The ratio of doctors is 1 to 40.

Mrs. ROGERS. And that is adequate?

The CHAIRMAN. One doctor to 40 patients?

Colonel WOLFORD. Yes. In the nursing service the ratio is 1 nurse to 10 patients.

Mrs. ROGERS. I suppose that ratio should be judged largely by the type of cases, because in tuberculosis a lot of the patients required bathing and considerable care.

Colonel WOLFORD. We like to have about 1 nurse to every 5 patients.

Mrs. ROGERS. So you are very short of nurses?

Colonel WOLFORD. Yes; we are.

Mr. ALLEN. Are you talking about the patients that are confined to their beds, or about tubercular patients in general?

Colonel WOLFORD. Our ratio for nurses in our tuberculosis hospitals is 1 to 5, to 1 to 8. We would like to have 1 nurse to every 5 patients.

Mrs. ROGERS. But you don't have them?

Colonel WOLFORD. No.

Mrs. ROGERS. Nursing is quite a vital part, particularly in tuberculosis cases?

Colonel WOLFORD. Yes, sir.

The CHAIRMAN. Do you know how that situation compares with State tuberculosis hospitals?

Colonel WOLFORD. We have a chart here which I was going to introduce a little later, which gives the comparative analysis of miscellaneous data on non-Federal tuberculosis hospitals and tuberculosis hospital facilities of the Veterans' Administration in the Pima County, Ariz., facility. There is 1 nurse to 3 patients in that hospital. In Olive Hill, Calif., which is a very high type county sanatorium, the ratio is 1 nurse to 10 patients. In Essex County Hospital in Massachusetts the ratio is 1 nurse to 14 patients.

Mrs. ROGERS. They are very short of nurses. I know that.

Colonel WOLFORD. That is right. In the Rutland State Hospital in Massachusetts the ratio is 1 nurse to 13 patients. At the Anchor Hospital in Minnesota the ratio is 1 nurse to 12 patients. At Glen Lake, Minn., which happens to be one of the hospitals which Mr. Maisel said was the best in the country, the ratio is 1 nurse to 12 patients.

At Mount Morris, N. Y., the ratio is 1 nurse to 10 patients.

At the North Carolina sanitarium the ratio is 1 nurse to 24 patients.

At the Jefferson County Beaumont Hospital in Texas, which happened to be another hospital which Mr. Maisel spoke of as really giving high-type care to their patients, there is 1 nurse to 100 patients.

At the State Sanatorium for white patients in Texas there are no registered nurses on duty. At the colored State sanatorium in Texas there is 1 nurse to 50 patients.

Now, there are several places here where the ratio of nurses is about what we would like to have in our hospitals if we had the nurses. At the Matapan City Sanatorium, Matapan, Mass., the ratio is 1 nurse to 5 patients.

Mrs. ROGERS. So many nurses have been enlisted in the Army that they are very scarce.

Colonel WOLFORD. That is right. At the Worcester County Sanatorium the ratio is 1 nurse to 5 patients.

Mr. McQUEEN. Let us put this chart in the record.

(The chart referred to follows.)

Comparative analysis of miscellaneous data on non-federal-tuberculosis hospitals and tuberculosis facilities of the Veterans' Administration

State	Facility	Year	Total discharge mortality rate (percent)	Ratio of personnel to patients (1 to --)			Raw food cost per day	Allocated space per patient in square feet	Average age of patients	Per diem cost of operation	Percent of discharges arrested, apparently arrested, quiescent, and improved
				Full time physicians	Registered nurses	Attendants, practical nurses, nurses' aides					
Arizona	Pima County	1944	40.0	80	3	10	\$0.707	80	33	\$5.02	66
California	Olive Hill	1944	17.04	64	10	11		70	30	3.83	24
Massachusetts	Essex County	1944	23.7	30	14	7	.76		35		60
Do	Mattapan City	1944	37.6	72	5	15	.76		18.80	4.13	66
Do	Middlesex County	1943	31.2	30					35	5.09	62
Do	Norfolk County	1943	22.9	30					35	4.84	58
Do	Rutland State	1944	18.5	50	13	4	.59	100	36		64
Do	Worcester County	1943	18.6	40	5	40	.786			5.49	
Minnesota	Aucker City	1944	23.3	28	12	5	.509				
Do	Glen Lake	1944	21.9	50	12	11	.49	77	32		
Do	Minnesota State	1944	13.9	60	12	6	.54				
New York	Mount Morris	1944	29.6	31	10	15	.70		35		
Do	New York City:	1944	19.3								
Do	11 hospitals	1944	39.0								
Do	Metropolitan	1944	21.8								
Do	Triboro	1944	221.3	54	6.5	16	.656	42	35	1.87	49
North Carolina	Seaview	1944	15.8	100	24	7	.87	120	35	4.00	364
Texas	El Paso County	1945	26.0				.383	85			56
Do	Jefferson County, Beaumont	1944	57.0	100	100	6				2.28	24
Do	State sanatorium:										
Do	White	1944	2.0	110	(7)	(7)	.688		30		70
Do	Colored	1944	18.1	75	50	20	.418		33		37
13 Tuberculosis facilities of Veterans' Administration		1944	19.7	34.7	9.3	6.3	.701	70	49	5.07	33

1 Method of computation not known.

2 Mortality rate based on total patients treated during year—if based on those discharged the rate for Mt. Morris would be approximately 37 percent and for Seaview 25 percent.

3 1942.

4 White.

5 Colored.

6 Will only accept patients for 9 months and none except with a favorable prognosis.

7 None on duty.

NOTE: Data for all items not available on non-federal hospitals.

The CHAIRMAN. Do you have the figures for the Mississippi Sanatorium?

Colonel WOLFORD. No; we do not have any for Mississippi.

The menu served on the day of Mr. Maisel's visit there October 5, 1944, was [reading]:

Dinner:

Soup.
Pot roast with gravy.
Buttered potatoes.
Buttered cabbage.
Fudge cake.
Bread and butter.

Supper:

Soup.
Hamburger.
American fried potatoes.
Tomato, onion salad, with mayonnaise.
Hot buns.
Chilled apricots.
Beverage.

That visit likewise was a rather fleeting one of several hours and as far as can be ascertained he talked to but four patients—one of whom was James Collier, concerning whom we will talk at greater length a little later—no physicians except the manager and the clinical director and no nurses whatsoever.

Mr. ALLEN. This menu that you have given here, of dinner and supper, is that the regular dinner and the regular supper served in the hospital?

Colonel WOLFORD. That is the regular dinner and supper.

Mr. ALLEN. In other words, you had the meal scheduled for those who need light meals, heavy meals, and so forth?

Colonel WOLFORD. I have here a letter from the manager, Mr. Allen, which covers part of Mr. Maisel's testimony about what he actually saw there. In other words, he said that when he visited the Castle Point facility he examined a dozen meal trays and found the day's main meal consisted of one small pot of cold tea, two thin slices of white bread, a tiny pat of butter, a few thin slices of broken down stewed peaches and the main course beef stew containing six or seven tiny chunks of greasy meat swimming in fast congealing gravy, all cold and gray. Now, if you will remember, Mr. Maisel stated before this committee that he only saw that meal on the tray of one patient, and I believe the committee counsel brought out the fact that the patient that he indicated received this meal was Mr. Thomas B. Clevenger, so we wrote to the manager and asked him whether or not that was a special diet which Mr. Clevenger received, and the manager states:

Theodore B. Clevenger was admitted to this facility May 13, 1944, and was discharged November 20, 1944, as being a. w. o. l. During Mr. Clevenger's period of hospitalization at this facility he was on regular diet. Inspection of his clinical folder confirms this fact both as to medical Form 2614-K, nurses' progress and treatment record, and on medical Form 2614-J, ward surgeon's progress and treatment record.

Inspection of medical Form 2836, weekly regular diet menu for the week beginning October 2 and ending October 8, 1944, shows, under date of October 5, that the evening meal served to Mr. Clevenger on that date consisted of soup, hamburgers, American fried potatoes, tomato, and onion salad with mayonnaise, hot buns, chilled apricots, coffee, tea, or milk.

Further inspection of the medical Form 2614-K, nurses' progress and treatment record, under date of October 5, 1944, finds the following entries: "Alcohol rub. Cheerful. No complaints." That is signed "E. Meek."

The CHAIRMAN. Is that on this patient?

Colonel WOLFORD. That is on this patient, Clevenger.

Night report of October 5, 1944, shows no complaint. G. F. Carmen.

Inspection of Medical Form 2614-E, graphic chart, shows at 8 a. m. the patient's temperature was 98, and at 3:30 patient's temperature was 99 on October 5, 1944.

Nothing is found in the clinical record to indicate that any variation of his regular diet occurred on the day in question. The patient was in good spirits and there was no medical indication for any variation in his diet.

Mr. ROGERS. It doesn't say whether they inspected his tray to see whether the food was hot or not? You know that makes a lot of difference in some cases.

Colonel WOLFORD. I don't know about that. They have no record of that.

Mrs. ROGERS. It might mean that the food was cold, which would make it very unappetizing.

Colonel WOLFORD. But he had no complaint.

Mrs. ROGERS. But often they do not complain.

Colonel WOLFORD. That is true.

The CHAIRMAN. Don't you think that the people serving this meal would be more interested in seeing that this food was kept warm than some smear artist who was up there writing these malicious falsehoods about the hospital, in order to sell them to the friends of these patients?

Mrs. ROGERS. Hot served food does make a difference, Mr. Chairman.

The CHAIRMAN. Yes. The malicious attitude of this fellow Maisel in going there and stating this deliberate falsehood about what those patients had to eat at that time also makes a difference. Now, from this time on you might as well understand it, you can protect these fellows all you want to, but we are going to turn the pitiless light of publicity on them, and if this fellow Maisel had been in Europe, behind the lines, writing this kind of stuff, disturbing the morale of the men in the service over there, as he was the people of this country, the fathers and mothers of these boys, and the patients, he would have long since been in the hoosegow.

Mr. SCRIVNER. Mr. Chairman, I think you and all members of this committee will agree that I am not defending Mr. Maisel.

The CHAIRMAN. No; I am not saying that.

Mr. SCRIVNER. I did find in some of my visits to the hospitals that in these electrical tray conveyors in the hospital, some of them were old types and would not hold the heat. The doors were not automatically closing doors, so that occasionally by the time the last tray was taken out of that particular section of the heater it might have cooled some. Now there are new, insulated conveyors, that I understand are on the way, and in some hospitals—I hope they got them in all of them—which have automatically counterclosing doors, due to counterbalancing, so that if the attendant takes out one tray all he has to do is to kick the door with his elbow and it closes. I think when those are installed in every place there will be considerable improvement.

The CHAIRMAN. Now read the menu that he said the patient had that day, and then read the menu that the patient actually did get.

Mr. SCRIVNER. I don't think there is any question about that, Mr. Chairman.

The CHAIRMAN. That shows deliberate falsification of what these patients were served. I have just come from the Senate dining room—I couldn't get into the House dining room—and I didn't get anything

like for lunch what is set out here in this dinner, which is the noon meal in this hospital, on October 5, 1944, the day that Maisel was there.

Mr. SCRIVNER. I ate in the House dining room today, and we didn't get any meal like that today.

The CHAIRMAN. What I am kicking about is for a man to go out, and in order to sell his propaganda, go into a hospital and deliberately falsify what he saw, and then smear the hospital, disturb the morale of the American people, and especially the fathers and mothers, as well as the patients, by publishing stuff like that in the face of this record was entirely false.

Mrs. ROGERS. In all the Army facilities that I have visited the food seems to be excellent.

Colonel WOLFORD. We have, as Mr. Scrivner says, quite a problem in keeping food hot all the time. That is a continual problem in any hospital. In other words, in the best regulated hospital you continually have got to be on your toes to get that food hot to the bed patients.

Mr. SCRIVNER. I noticed in one hospital, for instance, an attendant went in to serve one man in the ward. The man needed further attention, and so by the time the attendant got back to the conveyor probably three or possibly four minutes had elapsed, of course with the door open, and the food in that particular section of the conveyor had cooled off somewhat. But that is overcome by the new conveyors with the automatically closing doors, so that as soon as a tray is taken out the attendant closes the door and it retains the heat.

Colonel WOLFORD. I will bring out a little later that we did have some trouble right at that time—I mean about the dietetic supervision, but actually the diet which was given the patients on that day was as I have stated.

Mr. Maisel subsequently went to the Sunmount, N. Y., Hospital on the morning of December 8, 1944, and departed at 11 p. m. on that date. While at Sunmount he interviewed the clinical director, a few medical officers, several patients, and accompanied the manager and the chief nurse for a short time while they were making rounds in the infirmary wards. In the afternoon he spent 2 hours at the surgical collapse board meeting. He ate two meals at the hospital. Mr. Maisel commended the manner in which the collapse board meeting was conducted by the clinical director and appeared when he departed to have gained a favorable impression of the Sunmount Hospital.

The CHAIRMAN. Is that the same day he went to these other hospitals?

Colonel WOLFORD. No, sir; that was 2 months later.

The CHAIRMAN. Oh, yes; he says that.

Colonel WOLFORD. I believe the committee will see that the time spent by Mr. Maisel in the tuberculosis hospitals of the Veterans' Administration and the superficial and inexperienced manner in which he conducted his investigations were surely insufficient to warrant any conclusions regarding the treatment being accorded our tubercular beneficiaries.

Some days ago Dr. H. A. Pattison, director of the Potts General Institute at Livingston, N. Y., made an unannounced visit to the Castle Point Hospital. Dr. Pattison has been a member of our medical council for many years. He is one of the most outstanding tuberculosis specialists in the United States and enjoys an international reputation as a tuberculosis-hospital administrator.

Here is what he had to say about his visit, as taken from a copy of a letter which he addressed to Miss Evelyn P. Ellsworth of 23 Waller Avenue, White Plains, N. Y. [reading]:

MY DEAR MISS ELLSWORTH: I have received your letter of March 7 with the enclosure of a clipping from the Daily Mirror referring to an attack upon the Veterans' Administration and its hospitals in the March Cosmopolitan. I had seen neither the clipping nor the magazine.

Only last Saturday, I had occasion to go to Castle Point concerning a patient who had been transferred there from this institution. After leaving Castle Point I purchased the Cosmopolitan. My observations do not in any way support the writer of the attack. While I had no official status, and could not attempt any detailed survey, I made observations based upon the experiences in visits to more than 300 sanatoria in this country and in Europe, and written reports on 250.

The chief medical officer accompanied me to the large, airy, well-ventilated kitchen, where the noon meal was being served. I asked the privilege of tasting some of the food. This was the menu: Soup, which I did not sample. Bread and butter. I did not taste the bread but the butter was fresh and of excellent flavor. The chicken fricasee could not be improved upon and there was just about as much chicken as gravy. It was well seasoned. The mashed potatoes were excellent, and the lima beans were small, tender, and tasty. The date-custard pudding was delicious. There was a choice of milk, tea, or coffee. I sampled the coffee, black. It was very satisfactory. The food was hot and the dishes were hot.

It is served to bed patients from heated, electric carriers. It is very difficult to get food to the patients in bed as hot as one would like, even in a smaller institution. Had the food been of poor quality, I should not have been greatly surprised, because of the difficulties of preparing good food by mass cooking. The diets were in charge of two alert, capable young women.

The dining room for ambulant patients was clean and the tables covered with clean, white tablecloths. If ever linen is dirty, it is Saturday. The chairs had attractive covers for the backs. There were hangings at the windows.

Mrs. ROGERS. What date did you have your inspection?

Colonel WOLFORD. They vary at different hospitals.

Mrs. ROGERS. I mean do they have inspection at that hospital on any particular day of the week?

Colonel WOLFORD. I could not say whether they have their inspections on Friday, or Saturday, or Thursday, or what not.

Mrs. ROGERS. They would not have clean tablecloths for just that one day.

Colonel WOLFORD. That is something which the manager settles himself, and I would not be able to answer that question, as far as Castle Point is concerned.

The CHAIRMAN. They don't put on clean tablecloths when visitors come and then take them away as soon as the visitors get out of the building.

Colonel WOLFORD. That is right. They have certain days that they change table linen.

Mrs. ROGERS. Isn't it true that the Veterans' Administration has done better in the way of giving patients clean sheets than any other group of hospitals in the country?

Colonel WOLFORD. Certainly we have had no complaints in that regard.

Mrs. ROGERS. I understand your laundry service is excellent.

Colonel WOLFORD. Dr. Pattison's letter continues:

The nurses, in their particular dining room, were capable-looking, young women in fresh uniforms.

The small lounging rooms on the various floors were attractively furnished. The X-ray and laboratory equipment were adequate.

The institution is not badly over-crowded, although it has a few more patients than normal capacity due to the exigencies of war.

Such attacks as you refer to serve no good purpose. They upset the morale and discipline of patients. They must distress the relatives who are likely to accept statements in a popular magazine as gospel truth. They must certainly be disheartening to an overworked staff, doing its best in a period of man shortage to give good service. There are, of course, men grown old in the service, but there are also younger physicians, and all of the younger graduates have good, basic, scientific training. It is shameful that they should be villified and traduced in a time like this. It is almost certain that someone will demand a congressional investigation.

Mrs. ROGERS. Probably they don't think very highly of congressional investigations?

Colonel WOLFORD. I am quoting Dr. Pattison.

The CHAIRMAN. Why do you say they don't think very highly of congressional investigations?

Mrs. ROGERS. Because he said someone would demand a congressional investigation.

The CHAIRMAN. That doesn't reflect on congressional investigations.

Mr. CUNNINGHAM. That was written before this investigation started.

The CHAIRMAN. Yes; it was.

Colonel WOLFORD. Dr. Pattison continues:

That means, that the staff in the central office at Washington, and the staffs in the various hospitals, will be further distracted from the important business at hand. When you read an attack such as that in the *Cosmopolitan*, you may always discount it by 80 to 90 percent. It is difficult to combat widely circulating stories such as this one, but each of us can do something to counteract such evil influences.

Mr. CUNNINGHAM. May I interrupt you there to ask if Dr. Pattison is in any way connected with the Veterans' Administration?

Colonel WOLFORD. He is connected as a member of our medical council.

Mr. CUNNINGHAM. Does that mean he is on the pay roll in any way?

Colonel WOLFORD. When he is called for a meeting on the medical council; yes.

Mr. CUNNINGHAM. What is his main job?

Colonel WOLFORD. He is superintendent and medical director of the Potts Memorial Institute at Livingston, N. Y.

Mr. CUNNINGHAM. That is not a veterans' hospital?

Colonel WOLFORD. No, sir.

The CHAIRMAN. He is a doctor?

Colonel WOLFORD. Yes, sir.

Mrs. ROGERS. Are there any veterans in that hospital?

Colonel WOLFORD. I believe now he has a contract for some female beneficiaries.

Mr. ALLEN. When he does serve the Veterans' Administration he just gets a small per diem, doesn't he? He doesn't get a salary?

Colonel WOLFORD. We pay our members of the medical council a fee of \$20 a day, which is very small for men of that caliber.

Mr. ALLEN. A small per diem that a lot of boards pay to men who are not on a salary at all.

The CHAIRMAN. Did he say he visited this hospital before he saw or heard of this magazine article?

Colonel WOLFORD. Before he read the article, yes, sir. He purchased the magazine on his way back from the hospital.

Before we launch into the general statements relative to the "cold statistics"—which is what Mr. Maisel calls them, and thereafter either purposely or ignorantly proceeds to distort and misinterpret them to provide a sensational backdrop for his accusations—let us examine the facts regarding the two cases which he highlights by photographs of photostated letters of one and wash drawings of alleged experiences of the other, to illustrate his article.

You will remember Mr. Maisel stated [reading]:

Last June Harold Schwiebert wrote a letter from the bed he had occupied for almost a year in the veterans' facility at Dayton, Ohio. An overseas veteran, Schwiebert had been treated for tuberculosis in Army hospitals in England, and later, in the States. Then, discharged, he was turned over to the Veterans' Administration for further treatment.

For a year he endured that "treatment." Finally, in despair, he wrote to Dr. H. H. Brueckner, superintendent of the District Tuberculosis Hospital, of Lima, Ohio, begging to be admitted to the five-county institution. Here is his description of his treatment at the veterans' hospital:

"I have just lost all belief of ever recovering in this place. I was admitted to this hospital June 23, 1943. I was only aspirated twice, which was sometime in July, when there was 1,500 cubic centimeters of fluid removed, and then again in August, when there was 1,000 cubic centimeters removed, and since that haven't been aspirated or anything done, but being fluoroscoped or X-rayed once in a while. The last X-ray was taken in March and May. Haven't been examined since February 1944 * * * I had a flare-up about 3 weeks ago, and being sent up to be fluoroscoped by our ward surgeon, the pneumo doctor refused to do the fluoroscoping and sent back a sarcastic note to our ward surgeon * * * I have found out all about this place I want to know.

"I have made up my mind to leave here, and the sooner the better for my own good."

Reviewing the clinical folder of this patient we can place the date Mr. Schwiebert wrote Dr. Brueckner the quoted letter as not earlier than the latter part of May 1944. I ask you to remember this date for it will have an important bearing on the facts which I will submit later. As a former patient, who was also a physician, wrote after reading the article:

There is nothing in Schwiebert's own account of his condition and treatment to indicate anything except that he was dissatisfied with his treatment and results and that he was bewildered. Who would not be bewildered after nearly a year of invalidism? He was naturally discouraged, but this does not indicate that there was any improper treatment or neglect in his case.

As the committee has been furnished a complete brief of the facts on the Schwiebert case, I will only summarize the salient points which have a bearing on his treatment.

On admission to the Dayton facility at 8:15 a. m. June 25, 1943, Mr. Schwiebert was immediately seen by the ward physician, placed on regular tray and given 24-hour bed rest, with bathroom privileges. He received an X-ray of the chest on the same day and routine laboratory examinations, including a urinalysis, total red count, total white count, differential blood smear, Wassermann, and specimen of single sputum the following day. A series of 11 morning specimens of sputum followed. Subsequently two 24-hour specimens of sputum were obtained and examined by the concentrate method. All sputum examinations were found to be negative for tuberculosis bacilli. The

patient was seen by the Surgical College Board, consisting of five physicians: the chief of the surgical service, the chief of the medical service, the chief of the tuberculosis service, the clinical director, and the roentgenologist, on June 30, 1943. Their report, and I will quote it in its entirety, follows:

SURGICAL COLLAPSE BOARD

This 27-year-old veteran was admitted June 23, 1943, by discharge from the United States Army with diagnosis of moderately advanced active pulmonary tuberculosis. About Christmas of 1942 he developed pleurisy while overseas and continued to have trouble until February 11, 1943, when he developed a high temperature and fluid in his left chest. He was moved to the general hospital and remained there until May 6, 1943, at which time he was evacuated to the United States, Fort Devens, Mass., and transferred here for discharge. Fluid was removed from his chest on five different occasions, the first aspiration yielding only 60 cubic centimeters of yellowish, slightly turbid fluid which gave a count of 600WBS's per centimeter, specific gravity 1.019, sugar 10 milligrams and was positive for tubercle bacilli. Sedimentation rate 2 millimeters per hour. Subsequent tapplings yielded 1,250 cubic centimeters, and on two occasions 2,400 cubic centimeters each. In all, fluid withdrawn on five occasions. Normal weight 186 pounds, present weight 156.

Since admission temperature has been elevated only slightly, ranging from 99 to 99.2. Pulse from 72 to 104. Respiration from 18 to 24. The physical examination was positive for involvement of the entire left lung. Sputum tests, however, have been negative.

X-ray shows right lung clear and radiant throughout and in the left there is a dense homogeneous opacity which obliterates the entire lung with apparent deviation of the trachea to the left; also, heart shadow is apparently deviated somewhat to the right.

DIAGNOSES

1. Tuberculosis, pulmonary, chronic, far advanced, active III.
2. Hydropneumothorax, left, serofibrous, acute.

RECOMMENDATIONS

Transfer to annex No. 4, wards 21 or 22. Bed rest, symptomatic treatment, and withdrawal of the fluid from the left chest, if and when he becomes uncomfortable. If fluid is withdrawn, it should be replaced with air.

You will note there the recommendation that the fluid should be withdrawn if and when he becomes uncomfortable.

He was transferred from the reception service to the treatment ward on the same date and placed on 24-hour bed rest with regular tray. The patient rapidly gained weight, the graphic weight chart indicating on June 30, 1943, that he weighed 155 pounds and on the 5th of January 1944, 175 pounds. This weight was maintained until May 21, when a slight decrease in weight was noted. The patient remained on 24-hour bed rest, with bathroom privileges and regular tray, until August 6, 1943, when he was permitted to go to the ward dining room. During this period he remained afebrile, observed the rest periods well and was a most cooperative patient. On July 19, 1,500 cubic centimeters of fluid were aspirated from the left chest. The specimen was sent to the laboratory and was found positive for tubercle bacilli. Again on August 21, 1943, approximately 1,000 cubic centimeters of a turbid fluid were aspirated from the chest. He had developed an infection of the fourth finger of the left hand on August 1, 1943, which, according to the patient, was the result of an insect bite. This condition was properly treated and cleared up rapidly with no untoward symptoms.

Beginning November 3, 1943, he was permitted to be out of bed 4 hours daily. On April 18 he was given the privilege of 15 minutes

walking exercise daily. On May 12, 4 weeks later, the patient developed pain in the chest with an elevation of temperature. He was kept in bed on a light tray for several days, when he was again placed on a regular tray. Beginning June 9 he was permitted out of bed 2 hours in a 24-hour period. He was progressing favorably until June 16, when he complained of a severe recurrent headache with nausea and vomiting. He was given symptomatic treatment for the headache. There was no cervical rigidity or cutaneous hyperaesthesia present. By June 24 the patient had developed symptoms which strongly pointed to a meningeal condition. That has no bearing on tuberculosis. The temperature became elevated to 100 and 101 degrees, and the pulse rate was increased to approximately 100 per minute. A spinal puncture was made on June 28 and examination of the fluid withdrawn showed an occasional acid-fast bacilli with a heavy increase of globulin and a cell count of 328 per cubic millimeter, with 44 percent lymphocytes. On June 28, the left chest was again aspirated and only 50 cubic centimeters of foul greenish-yellow material was recovered, certainly insufficient to cause any respiratory or cardiac embarrassment. The patient's condition became progressively worse, he lapsed into coma June 30, 1944, and he expired at 12:40 a. m., July 2, 1944. The cause of death was tuberculous meningitis, secondary to a far advanced pulmonary tuberculosis.

Mr. ALLEN. Does it take a physician to withdraw the fluid?

Colonel WOLFORD. Yes, sir.

Mr. ALLEN. A nurse cannot do it?

Colonel WOLFORD. No, sir; not in our hospitals.

Mrs. ROGERS. It is very important to have it done properly, is it not?

Colonel WOLFORD. It is; yes.

Mr. ALLEN. How long does it take a patient to develop that situation? In other words, does that suddenly come on a patient, maybe within an hour or two?

Colonel WOLFORD. The pleurisy with effusion?

Mr. ALLEN. This fluid in the chest.

Colonel WOLFORD. Yes, sir; that is a rather acute condition.

Mr. ALLEN. What I am trying to get is this: If that is true, it is necessary for a physician to be available at all times of the day or night. Is that right?

Colonel WOLFORD. This acute condition developed in the Army, sir. In other words, it had its inception as an acute condition, but the condition when it got to us was a chronic affair.

Mr. ALLEN. I don't think I make myself clear. A patient gets to a point that he has to have this fluid drawn off. Now, that condition arises in just a few hours, in just a short time, does it?

Colonel WOLFORD. No, sir; that is a thing which develops rather gradually, and the doctor has to watch the symptomology rather carefully and determine when he thinks he should tap the patient.

Mr. ALLEN. Is that done in connection with what they call a collapsed lung?

Colonel WOLFORD. No, sir. A collapsed lung can be due to fluid in the chest or due to air which is injected for that purpose.

Mr. ALLEN. When I was in the facility at Alexandria recently one of the complaints that came to me was by a young man who had suffered for hours, maybe all night one night, because he could not get a physician there to give him air, they said.

Colonel WOLFORD. I imagine probably what happened, it may be that he was given air, and sometimes the pressure gets a little too heavy, and part of the air has to be withdrawn. That is uncomfortable.

Mr. ALLEN. That causes me to reach the conclusion that it is probably necessary for a physician to be present, or be available, rather, at all times of the day and night in the case of tubercular patients.

Colonel WOLFORD. That is right, sir.

Mr. ALLEN. Every minute of the time.

Colonel WOLFORD. That is right.

Mr. ALLEN. He might not be called all night long, but if he were needed at all, he would be needed badly.

Colonel WOLFORD. That is right, sir. And so far as I know, there always is a physician on call. There is the officer of the day, who is always on duty at our hospitals, and if he is not able to withdraw air himself he has recourse to any of the doctors that can, and there are always sufficient doctors around to care for these patients.

Mr. ALLEN. In this particular case they claimed that the physician who regularly did that probably had gone off to some other town on some mission, and they claimed that the boy had not had that proper service in a period of several hours, and went through great pain on that account. I don't know anything about it except what they told me.

Colonel WOLFORD. That has never been brought to my attention. At the Alexandria hospital, I am sure, there are at least two physicians who give pneumothorax treatment and are competent to give air and withdraw air.

Mrs. ROGERS. Is there any difference of opinion on the advisability of collapsing lungs?

Colonel WOLFORD. Yes, Mrs. Rogers.

Mr. ALLEN. I am glad you brought that out. In other words, in some cases it may be advisable, and in others it may not be advisable?

Colonel WOLFORD. That is right. There is a difference of opinion as to the type of case that should have pneumothorax or should not.

Mrs. ROGERS. Some doctors do not believe in pneumothorax?

Colonel WOLFORD. That is right. Beginning November 3, 1943, the patient was permitted to be out of bed 4 hours daily.

Mr. SCRIVNER. What is a meningeal condition?

Colonel WOLFORD. Inflammation of the meninges, the membranes that envelop the brain and the spinal cord. The temperature became elevated to 100° and 101° and the pulse rate was increased to approximately 100 per minute. A spinal puncture was made on June 28 and examination of the fluid withdrawn showed an occasional acid-fast bacilli with a heavy increase of globulin and a cell count of 328 per cubic millimeter, with 44 percent lymphocytes. On June 28 the left chest was again aspirated, and only 50 cubic centimeters of foul greenish yellow material was recovered, certainly insufficient to cause any respiratory or cardiac embarrassment. The patient's condition became progressively worse, he lapsed into coma June 30, 1944, and he expired at 12:40 a. m., July 2, 1944. The cause of death was tuberculous meningitis, secondary to a far advanced pulmonary tuberculosis.

Mrs. ROGERS. Did they discover the meningitis as soon as they should have?

Colonel WOLFORD. It is a rather insidious onset. It is very hard for even the best clinicians to recognize the onset. Those of us who are

in tuberculosis hospitals are not naturally expecting that, in an occasional case, and even then, knowing that you are treating tuberculosis and that there will be an occasional case, you are sometimes fooled, or at least not sure for a relatively long period of time—that is, as much as a week or 10 days—before the actual symptomatology shows; in other words, the so-called cervical rigidity of the neck or the hyperaesthesia which you expect in a type of case of this sort.

Mr. SCRIVNER. What is hyperaesthesia?

Colonel WOLFORD. It is just the pain increased and the touch sense of the skin increased. The temperature became elevated to 100° and 101°.

The CHAIRMAN. Doctor, if you do not desire to read all this statement to the committee, you may insert it and then answer whatever questions the committee desires to ask.

Colonel WOLFORD. If it suits the committee, I will skip some of the less important material, then.

The CHAIRMAN. That will be satisfactory to the committee.

Colonel WOLFORD. Because I am sure they are not interested too much in some of this technical material which I have been reading.

Mrs. ROGERS. I think we have enjoyed it very much, because I regard the legislation as very important.

Colonel WOLFORD. Well, let us drop down to summarization, then.

The CHAIRMAN. Let me ask the committee at this point: Do you wish to meet in the morning?

Mr. ALLEN. I would rather not, Mr. Chairman.

Mr. SCRIVNER. I would just as soon not.

The CHAIRMAN. We would like to finish with the doctor this afternoon, then, if it is possible, because we are not going to meet on Monday, and Tuesday we have arranged to hear the Veterans' representative organization. So we would like to finish with you this afternoon, Doctor. If there are any passages in your statement that you care to give at this time and let them be admitted in the record, you have permission to do so.

Colonel WOLFORD. In other words, what I want to bring out in this case is that the man died of tubercular meningitis and his death was not due to fluid, which Dr. Brueckner stated in his letter to Mr. Louis Dublin.

Mrs. ROGERS. The boy obviously had something that disturbed him very much.

Colonel WOLFORD. That is right.

Mrs. ROGERS. I take it that while the cause of death was not fluid, but something else, that the boy should have been examined very carefully before.

Colonel WOLFORD. He was examined very carefully, Mrs. Rogers, if you will notice from the report which I brought out. In other words, the doctors reported that they did not find these things, which would indicate that they were looking for them.

Mrs. ROGERS. They did not look for meningitis for quite a long time because they did not suspect it?

Colonel WOLFORD. I think it was a period of something like—from the inception of the symptomology until they did his spinal puncture was several days. But that is not uncommon in this condition. In other words, it is a very hard condition to diagnose.

Mrs. ROGERS. But he was dissatisfied.

Colonel WOLFORD. He was dissatisfied, and he was a little upset and a little confused, and that is what I was trying to bring out.

Mrs. ROGERS. But he had cause for more exact treatment?

Colonel WOLFORD. Yes; that is right.

Mrs. ROGERS. There is one thing that I would like to bring out at this point, if the committee has no objection. I have introduced a bill to provide continued ratings of permanent and total degree where active tuberculosis has been established, and to terminate reduction of pension, compensation, or retired pay under laws administered by the Veterans' Administration in the cases of veterans without dependents who are hospitalized or domiciled. This bill reads:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That for the purposes of compensation or pension under laws administered by the Veterans' Administration, when a tubercular process is found by the Veterans' Administration to have been active during or after performance of active military or naval service, a rating of no less than permanent total disability shall be made therefor, and such rating shall not be reduced during the lifetime of the veteran.

SEC. 2. The provisions of law or veterans' regulation requiring reduction of compensation, pension, or retirement pay of a veteran without dependents to \$8 or \$20 per month during hospital treatment, or institutional or domiciliary care are hereby repealed.

SEC. 3. This Act shall be effective the first day of the month following its enactment.

I feel that the veterans who are discharged from the hospital with an arrested case of tuberculosis certainly should have a permanent and total rating until they are declared cured, and should not be cut to \$50 when they are discharged.

Colonel WOLFORD. Of course, cases where they are discharged from the hospital are continued on a rating of permanent total, usually 6 months or so, and then the rating board requests a reexamination, and if his condition is arrested, they then establish his percentage of disability on the amount of involvement which he has.

Mrs. ROGERS. But until he is declared cured, he should be carried permanent and total, because many people will not employ a man who has had tuberculosis. He cannot get any employment and cannot get the proper food for \$50 a month.

Colonel WOLFORD. There is a great deal of weight in medical circles toward that end.

Mrs. ROGERS. While he is in a hospital, it seems to me he should not be cut to \$8 or \$20 a month, because he ought to be saving up money, and many of those men in order to hold a room that they can go to when they are discharged from the hospital, have to have more than \$8 or \$20 if they get the room; otherwise, when they come out they have no place to go and no money.

Colonel WOLFORD. The question of compensation, of course, is not in my province. I have nothing to do with that.

Mrs. ROGERS. But it comes up in the hospitalization of a patient, and it is true, is it not, that in tuberculosis cases a calm, contented mind is very beneficial?

Colonel WOLFORD. That is very true, and the compensation does have a large bearing on it.

Mrs. ROGERS. A man who feels that he has some protection for the future if he goes out is more contented and more willing to take the cure.

Colonel WOLFORD. If we could separate the compensation structure for tuberculosis from the other types of cases, I am sure we would deal differently with them, but anything that you do for the tuberculosis patients you have also go to think of the bearing it may have on the other types of cases.

Mrs. ROGERS. I have a bill that does take care of the tubercular patients.

Colonel WOLFORD. We might drop down to the Collier case, James H. Collier, which is on page 22 of my statement. I might state, in speaking about tubercular meningitis, that the prognosis is always fatal, and once the patient has tubercular meningitis he always dies. This is the case of James H. Collier, C-4187670. I will not go into the complete history of this veteran because the committee has already been furnished a brief outlining in chronological order all the pertinent facts from the time of enlistment in the Army until the present time. This is what Mr. Maisel stated regarding the Collier case and opposite each allegation the irrefutable facts are given:

JAMES H. COLLIER—C-4 187670

MAISEL

1. * * * entered Castle Point on December 28, 1943. I was examined then and they decided I was a bed-rest case. I shouldn't get off the bed for any reason.

2. The next time I was examined was 7 weeks later, February 17, 1944. Then a medical board decided that I would require a lobectomy (the cutting away of the infected lobe of a lung). They decided they couldn't do the operation for me. I would have to be sent to the facility in the Bronx in New York.

3. So they handed me my valise and told me to get dressed. They didn't send anyone with me. No ambulance. I took a taxi to the Beacon station and the train to New York. Then I took streetcars to the Bronx and walked through the hospital grounds to the admitting office.

4. When I got there they hadn't any knowledge of me. My papers hadn't been sent ahead. No one knew that I was on "bed rest" or that I had a pneumothorax. It was 10 days after I got there that I finally yelled so much that they refilled my pneumothorax. They made me go to meals and wash up just like all the other walking cases.

FACTS

1. Physical examination, also X-ray December 29, 1943; 24-hour bed patient with bathroom privileges in wheel chair.

2. Case considered by tuberculosis surgical collapse board December 30, 1943, 2 days after admission to the Castle Point facility. Dr. L. R. Davidson, consultant in thoracic surgery, being present at the time, it was decided a pneumonectomy on the left was the advised procedure. X-ray January 14, 1944, 17 days after admission. Patient did not give consent for operation until January 15, 1944.

3. Patient taken from Castle Point facility to Beacon railway station in station car; taken from New York railway station to Bronx facility in station car. If he carried valise from hospital to car and from car to station it was because he elected to do so contrary to the usual procedure. Veterans' Administration chauffeurs are instructed to render this service to patients.

4. Bronx facility fully advised of Patient Collier's scheduled arrival and condition before he left Castle Point facility. Seen promptly by physician upon arrival, X-ray ordered, given complete physical examination on the following day; transferred on second day to tuberculosis ward; placed on tray service upon admission; given pneumothorax refill third day after admission; repeated 5 days later, and repeated again within a week. On 24-hour bed rest from January 26, date of admission, until February 23, 1944, at which time he was placed on 20-hour bed rest due to improved condition, but con-

JAMES H. COLLIER—C-4 187670—Continued

MAISEL

FACTS

5. Then, when the doctors finally got around to examining me, they decided that my "good lung" had gone bad.

Either I never should have been sent for the operation or all the traveling and exercise broke down the "good lung." They told me that they couldn't operate on men in that condition. So on March 25 they sent me back to Castle Point—the same way I was sent down, alone and toting my own valise.

6. Since then I've been examined only three times: the day I got back here, on June 27, and on October 1. The doctors won't tell me what my trip did to me, but some of the nurses say it set me back at least 6 months.

tinued on tray service until March 8, when he was permitted ward dining-room privileges.

5. The X-ray of the chest taken on December 29, 1943, showed no tuberculous involvement of the right lung. One month later, however, on January 26, 1944, the X-ray indicated a small area of infiltration in the contra-lateral side, particularly in the third anterior intercostal space, which caused the consultant in thoracic surgery (Dr. L. R. Davidson), who had seen the patient at Castle Point prior to his transfer to the Bronx, to decide against the pneumonectomy which he had recommended before the transfer of the patient to the Bronx Facility. On transfer from the Bronx Facility to the Castle Point Facility, Patient Collier was taken from Bronx Facility to railroad station in car, met at railroad station in Beacon, N. Y., and taken to Castle Point Facility in station car.

6. Patient Collier had a complete physical examination on March 15, 1944, an examination of the chest on May 31, August 1, and October 3, 1944. He was given a complete cardiac examination on October 23, November 11, December 28, 1944, and January 13, 1945. He was also seen by the eye, ear, nose, and throat specialist in consultation May 15, May 30, November 25, 1944, and January 22, 1945. The surgical collapse board reviewed his case March 16, June 27, and July 4, 1944, at which time Dr. Charles W. Lester, the consultant in thoracic surgery, also reviewed it. His case was again reviewed by the surgical collapse board September 26, 1944, when left thorocoplasty was recommended. The chief of the surgical service examined Collier October 14, 1944, and reviewed the case with the consultant in thoracic surgery on October 17, 1944, at which time he was scheduled for the first stage of thorocoplasty. X-rays were made June 20, September 21, October 23, November 6, December 27, 1944, January 9, and February 4, 1945, as well as numerous laboratory examinations. At the time Collier was transferred to the Bronx Facility he was afebrile. The medical staff at the Castle Point Facility does not consider that the train trip from Beacon to New York at an elapse of time of approximately 1 hour and 20 minutes could have injured his lung in any way or caused any extension of his tuberculous condition. The clinical file and the staff report indicate quite favorable progress in the tuberculous process since his return to Castle Point and the

JAMES H. COLLIER—C-4 187670—Continued

MAISEL

FACTS

completion of the three stages of thoroplasty. The ward surgeon's notes and nurse's notes reveal no complaints from Patient Collier until after his marriage June 30, 1944, and only three or four minor complaints since that time. There is nothing to indicate any neglect of this patient at any time during his period of hospitalization in Veterans' Administration facilities. Every procedure in connection with his treatment and transfer to and from the Bronx Facility was carried out.

Mr. ALLEN. What do you mean by "refilled my pneumothorax?"

Colonel WOLFORD. They injected air into the left pleural cavity.

Mr. ALLEN. Simply giving him air? Is that the term for giving him air?

Colonel WOLFORD. That is right, sir.

Mr. ALLEN. Doctor, I wonder if anybody connected with the Veterans' Administration has contacted this man Collier since that article came out, so far as you know, to find out whether he told Maisel any of these things he is supposed to have told him?

Colonel WOLFORD. Mr. Allen, we had Mr. Collier contacted, and he did make a statement which indicated that he did not tell the facts, but he did not sign it, and when he was asked to sign it, he indicated that he didn't want to sign it, and therefore we have not tried to introduce it into evidence.

Mr. ALLEN. Well, do you have present the person who took the statement from him?

Colonel WOLFORD. That is the manager at Castle Point. No, sir. He would have to be subpoenaed and called down here.

Mr. ALLEN. I rather think the committee would like to have that statement from him. If we could have the manager who took the statement present it himself and say that he took it, I would like to have it, unless the committee objects. What does the committee say about that?

Mr. SCRIVNER. I think, Mr. Chairman, inasmuch as this particular case has been given so much publicity, every essential fact that can be learned concerning it should be brought before the committee. I may even go so far as to say that if the chairman later on thought it advisable, we might call Mr. Collier himself, because this has been widely broadcast, and I think anything that would tend to tell what the actual facts were, as compared with the reported facts, should be ascertained.

Mr. ALLEN. Suppose we pass that up for the moment.

Mr. CARNAHAN. He didn't give the right information, the doctor says. Dr. Wolford, was any publicity at all given to the statements made by Collier regarding the fact that when he made these statements he did not give the correct information? Is that what I understood you to say?

Colonel WOLFORD. No; no publicity was given to that at all.

Mr. SCRIVNER. Doctor, in connection with the Collier case, I think it was brought out earlier in the hearing, investigation, that the manager of the Castle Point Facility had made a statement, I think probably to

one member of the committee, that there might possibly have been a mistake made in not sending a man in his condition to the Bronx in an ambulance rather than by station wagon, and then by train.

Colonel WOLFORD. I think certainly I would not want to render a medical opinion that it was a mistake or was not, unless I had seen the case at the time, and I don't believe the manager himself would. That is why he gave that answer. There may have been a mistake. The medical staff felt on reviewing the case that the fact that he went down on the train had no bearing on the spread. In other words, they do have a spread even if they are lying in bed.

Mr. SCRIVNER. That is true, but what I am thinking about now, sometimes we have to use hindsight where we did not use foresight, and by some of these things that do happen, prevent a repetition. In other words, here is a case where maybe no harm did come from this particular trip, but having had this one sad experience, whether it did or did not bring about this result, as a matter of future practice, all doubt should be resolved in favor of the use of the ambulance rather than nonuse, if there is any possible chance whatsoever of bringing about any harm to the veteran himself.

Colonel WOLFORD. That is right, Mr. Scrivner, and we have recently completed a contract with another hospital at Rutland Heights to do our chest surgery, the Deaconess Hospital, and we have instructed the manager to transfer those cases by ambulance to Boston.

Mr. SCRIVNER. So that in any similar case arising like this now, the transportation problem will have been changed and the transfer will be made by ambulance?

Colonel WOLFORD. As far as the central office is concerned. But I might state for the record that some surgeons, thoracic surgeons, get their patients up and have them exercise when they find that they are going to a pneumonectomy or thoroplasty, or what not. So it is still a question of medical opinion. In other words, some doctors won't get those patients up and other doctors will insist on getting their patients up and have them exercise a week or 10 days before he will do the operation. Then he gets an X-ray on the day of the operation, and very frequently they will handle that operation right at the operation time, because there is a little bronchogenic spread which we find in the other lung.

Mr. SCRIVNER. After having practiced law for 25 years, approximately, many of the cases involving medical testimony, it is not any reflection upon the medical profession; there can be honest differences of opinion relating to either the condition which exists, or having determined or agreed on the condition that does exist, honest difference of opinion in the way the condition should be treated.

Colonel WOLFORD. I think that is right, sir.

Mr. ALLEN. By the way, Colonel, is this manager a medical man or a civilian?

Colonel WOLFORD. The manager is Col. Carlton Bates, who has had about 10 years' experience as tuberculosis specialist.

Mr. ALLEN. And this case came under his personal supervision and observation?

Colonel WOLFORD. I would not want to say that, Mr. Allen, because I don't know.

Mr. ALLEN. But he knew the man was being sent down?

Colonel WOLFORD. I would certainly think so, because he would have to sign any correspondence that went to the Bronx, but he may not have been there at that time. I would not want to say that he was personally acquainted with the facts in the case of the transfer on that day.

Mr. ALLEN. Well, it is fair to assume that he was a medical man, is it not, and that he certainly would not have permitted anything to be done to this man that he felt might have hurt the man?

Colonel WOLFORD. That is right. And certainly the manager or the clinical director, who is also a medical man and has been treating tuberculosis for twenty-some years, one or the other of them would have known of this transfer, and one or the other of them would have made the decision as to whether or not the man should go down by car and train or some other way. I would not want to say that there was or was not—whether it would not have been preferable to send him down by ambulance, unless I had seen the case. From his records I would agree with the medical staff that it didn't have any bearing on the bronchogenic spread.

Mr. CARNAHAN. When was this man finally discharged from the veterans' facility?

Colonel WOLFORD. He is still in the hospital. I have a telegram here from the manager, dated May 23, 1945, in which he says:

Condition James H. Collier—C-418767 satisfactory TPR normal ambulatory has had three State thoracoplasty sputum negative feels fine 18 pounds gained in weight in last 2 months. Diagnosis is tuberculosis pulmonary chronic far advanced 1 none.

BATES, *Manager.*

Mr. CARNAHAN. He is still a patient at this time?

Colonel WOLFORD. Yes. He is still at Castle Point. I believe the committee is now in a position to judge the entire article by comparing the statements made by Mr. Maisel in the two above-mentioned cases with the facts as shown from the official records of the Veterans' Administration. However, for purposes of the record we shall now return to the general statements, some italicized, in the opening portion of Mr. Maisel's article. [Reading:]

2. Yet only one patient in six ever leaves these beautiful buildings as "cured."
3. Only three out of five complete their hospitalization and win even the label of "improved." The rest die or are discharged as "unimproved," or run away to enter other hospitals or to suffer and die quietly at home.

Comment: The term "cured" is rather loosely used by certain uninformed laymen, and I regret to say even by some hospitals and physicians. In Veterans' Administration hospitals a patient is discharged as cured only when the condition for which he had been treated has actually reached that stage. Acute diseases will frequently result in a cure after hospitalization but most chronic diseases will actually only be improved. This is especially true of tuberculosis and nervous and mental disabilities. In our tuberculosis hospitals, if we are to follow the National Tuberculosis Association classification, no patient can be discharged or even apparently cured for this requires the resumption of the normal activity of the patient for a 2-year period under the usual routine of life without any constitutional symptoms of the pulmonary disease developing. At this time I desire to introduce into the record a copy of the table "Domiciliary and hospital discharges of United States veterans showing results of hospital treatment and type of patient, fiscal year 1944."

Domiciliary and hospital discharges of United States veterans showing results of hospital treatment and type of patient, fiscal year 1944

	Type of patient											
	Total			Pulmonary tuberculosis			Neuropsychiatric			General medical and surgical		
	Cases	Average days	Percent	Cases	Average days	Percent	Cases	Average days	Percent	Cases	Average days	Percent
Domestic care	1 17,434	244.3										
	2 188,156	73.9	100.0									
	131,366	71.2	80.4	1,672	167.3	100.0	31,444	206.3	100.0	145,040	40.2	100.0
				5,026	198.6	43.1	22,966	208.3	73.0	123,374	40.5	85.1
	Result of treatment:											
Recovered or cured	19,363	36.3	10.3									
Arrested	339	539.6	2.9	339	539.6	2.9						
Apparently arrested	129	297.6	1.1	129	297.6	1.1						
Quiescent	112	311.7	1.0	112	311.7	1.0						
Improved	89,723	59.4	47.6	519	195.6	4.4	14,425	144.7	45.9	74,779	42.0	51.6
Unimproved	7,979	53.5	4.2	252	108.5	2.2	2,436	72.3	7.7	5,291	42.3	3.7
Died	15,081	253.8	8.0	2,301	255.7	19.7	2,139	125.6	6.8	10,641	78.1	7.3
Condition not stated	18,610	12.5	9.9	1,374	17.8	11.8	2,520	18.9	8.0	14,716	11.0	10.1
Hospitalization incomplete	36,790	95.1	19.6	6,646	143.7	56.9	8,478	200.9	27.0	21,666	38.8	14.9
Result of treatment:												
Apparently recovered or cured	1,979	40.7	1.1				216	42.8	.7	1,763	40.5	1.2
Improved	15,269	116.1	8.1	3,692	201.0	26.3	2,676	341.1	8.5	9,531	57.4	6.6
Unimproved	10,836	115.1	5.6	2,3,078	106.0	26.3	4,117	184.2	13.1	3,641	44.7	2.5
Condition not stated	8,676	10.4	4.6	476	14.9	4.1	1,469	15.7	4.7	6,731	8.9	4.6
WORLD WAR II												
Domestic care	1 1,600	32.9										
	2 56,673	33.7	100.0									
	43,789	31.9	77.4	4,075	97.6	100.0	14,398	40.5	100.0	38,130	24.3	100.0
				1,528	98.5	37.5	10,519	41.8	73.2	31,742	25.4	83.2
	Result of treatment:											
Recovered or cured	4,636	30.0	8.2				591	34.1	4.1	4,045	29.4	10.6
Arrested	164	282.4	.3	164	282.4	4.0						
Apparently arrested	88	204.1	.2	88	204.1	2.2						
Quiescent	60	182.7	1.1	60	182.7	1.5						
Improved	24,208	36.6	42.8	1,555	114.4	3.8	6,946	48.7	48.3	17,107	30.9	44.9
Unimproved	2,732	31.9	4.8	74	55.8	1.8	1,220	34.3	8.5	1,438	28.7	3.8
Died	1,178	73.8	2.1	327	132.5	8.0	1,107	84.6	8.5	744	46.7	1.9
Condition not stated	10,723	11.5	18.9	660	15.3	16.2	1,655	18.5	11.5	8,408	9.9	22.0
Hospitalization incomplete	12,784	39.7	22.6	2,547	97.1	62.5	3,849	36.7	26.8	6,388	18.5	16.8

United States veterans of World War I and World War II discharged from hospital or domiciliary care during fiscal year 1944, by type and disposition of patient

Type and disposition of patient	World War I		World War II	
	Total	Percent of group total	Total	Percent of group total
Pulmonary tuberculosis:				
Against medical advice.....	1, 084	16	860	21
A. w. o. l.....	1, 339	19	1, 274	31
All other dispositions.....	4, 552	65	1, 943	48
Total.....	6, 975	100	4, 077	100
Neuropsychiatric:				
Against medical advice.....	784	4	2, 575	17
A. w. o. l.....	916	5	416	3
All other dispositions.....	18, 427	91	11, 875	80
Total.....	20, 127	100	14, 866	100
General:				
Against medical advice.....	3, 076	3	2, 745	7
A. w. o. l.....	3, 594	3	2, 555	7
All other dispositions.....	97, 287	94	33, 312	86
Total.....	103, 957	100	38, 612	100
Total:				
Against medical advice.....	4, 944	4	6, 180	11
A. w. o. l.....	5, 849	4	4, 245	7
All other dispositions.....	120, 266	92	47, 130	82
Total.....	¹ 131, 059	100	² 57, 555	100

¹ Includes 14,582 domiciliary discharges.

² Includes 1,011 domiciliary discharges.

You will note that among the general medical and surgical cases for that year 13.6 percent were discharged from the hospital as cured, 58.2 percent as improved, and but 6.2 percent were unimproved. The condition on discharge was not stated in 14.7 percent and 7.3 percent died. Regarding to neuropsychiatric patients discharged, 5.3 were discharged as cured, 54.4 percent as improved, 20.8 percent as unimproved, and 6.8 percent died. The condition on discharge was not stated in 12.7 percent. Among the tuberculous patients discharged 2.9 percent were arrested, 1.1 percent apparently arrested, 1 percent quiescent, 30.9 percent showed improvement, and 28.5 percent were unimproved; 19.7 percent died while the condition was not stated in 15.9 percent.

Among the younger veterans of World War II suffering with pulmonary tuberculosis discharged during the fiscal year 1944, of 4,075 patients discharged during that year 164, or 4 percent, were discharged as arrested; 88, or 2.2 percent, were discharged apparently arrested; 60, or 1.5 percent, were discharged as quiescent; and 1,360, or 33.4 percent, were discharged as improved.

Mr. ALLEN. What is the percentage of cures of tuberculosis now as compared with what it was a few years ago? In other words, what progress are we making toward curing tuberculosis? What progress are you making in the Veterans' Administration, as compared with 5 years back, 10 years back—something like that?

Colonel WOLFORD. Well, I might introduce a reprint by Dr. Drolet on "Collapsed therapy," which shows the trend in frequency and type of surgical procedure in the treatment of pulmonary tubercu-

losis. It is a reprint from the American Review of Tuberculosis of February 1943, and it is a very excellent résumé of the progress and treatment in the last few years, and he shows that the death rate remains just about the same in tuberculosis now as it did for the period before chest surgery was instituted.

Mr. ALLEN. In other words, are we to conclude from his statement that we are not making much progress in the percentage of cures?

Colonel WOLFORD. I might read from his summarization. [Reading:]

The mortality ratio of patients while in this condition averaged 19 percent of all discharges during the 5-year period 1937 to 1941, remaining practically constant.

If you remember, we told you our death rate was 19.7 percent.

But in England, during the 5 years 1934 to 1938, in approved residential institutions which treated an equally large number of patients, the mortality ratio was identical, 19 percent. The mortality ratio of patients in tuberculosis hospitals and sanatoria, considering the over-all picture, has remained the same since collapsed therapy came into wide use to what it was in the United States during the entire period prior to 1931. The natural evolution of pulmonary tuberculosis continues unmodified. Does that answer your question?

Mr. ALLEN. I think so.

Mr. McQUEEN. Doctor Wolford, you spoke of a chart there that you were going to introduce. Have you got that chart there to introduce, showing these percentages?

Colonel WOLFORD. Yes [producing chart].

Mr. McQUEEN. This is the chart that you gave these percentages from?

Colonel WOLFORD. That is correct.

(See chart referred to on page 840.)

Mr. McQUEEN. Now, Doctor, one other question along that line. That is made from your statistics in the Veterans' Administration and does not, of course, include the females, except what you have heretofore treated in the hospitals? Is that true?

Colonel WOLFORD. That is right.

Mr. McQUEEN. Would those figures be changed if you submitted a chart of the over-all population, or population which would show the tuberculosis mortality with both male and female?

Colonel WOLFORD. I may go back to the comparative analysis of miscellaneous data on non-Federal tuberculosis hospitals and tuberculosis facilities of the Veterans' Administration and pick out the total discharge and mortality rates percent from a number of hospitals, to show you how it varies from hospital to hospital.

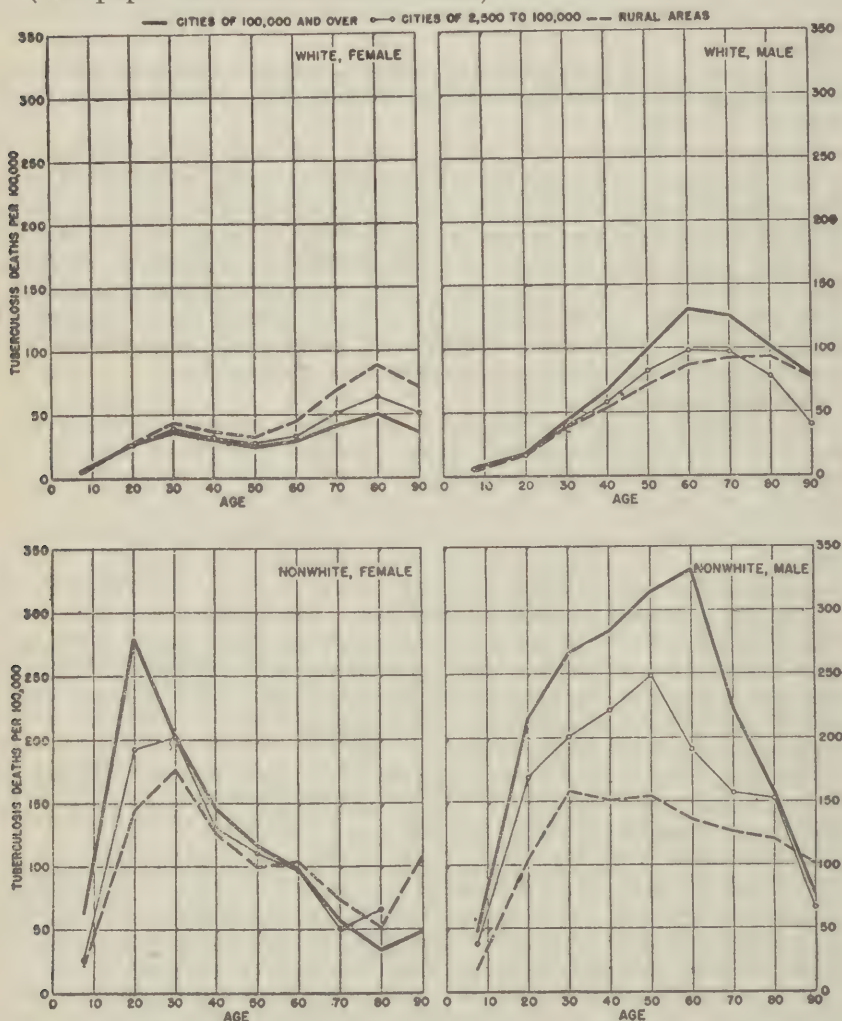
The mortality rate for the Pima County Hospital in Arizona was 40 percent. The Essex County Hospital in Massachusetts was 23.7 percent. The Matapan City Hospital was 37 percent. The Middlesex County Hospital in Massachusetts was 31.2 percent. The Glen Lake Sanatorium in Minnesota was 21.9 percent.

In 11 hospitals in New York City the mortality rate was 19.3 percent. In the Metropolitan Hospital in New York City the mortality rate was 39 percent; the Tri-Borough, New York City, Hospital, was 21.8 percent; the Seaview Hospital in New York was 20.9 percent;

the Jefferson County Beaumont Hospital, which Mr. Maisel cited as giving first-class treatment, just across the town, the total mortality rate was 26 percent for white, 57 percent for colored.

Mr. McQUEEN. I will place in the record a comparative analysis of miscellaneous data on non-Federal tuberculosis hospitals and tuberculosis facilities of the Veterans' Administration.

(The paper referred to is as follows:)



Colonel WOLFORD. It might interest the committee to know something about tuberculosis mortality, to know that it varies with the size of cities and also in rural areas. This chart here gives the mortality rate of white females in this block here [indicating] in cities of over 100,000.

Mr. SCRIVNER. What is that rate?

Colonel WOLFORD. It shows the curve throughout the period of life, and it varies. Some of it is between 30 and 40 percent. The mortality

rate runs up to 50 per 100,000. This is the class of patients which we were treating in 1942, which are the statistics that Mr. Maisel used. You will see that this is the high point of the mortality rate among the whites.

You can see here how high the rate is in the colored male between the age groups of 40 and 60, which we are treating mostly among the veterans of World War I. Our younger group, of course, is different, and I think it would be of interest to the committee.

MR. ALLEN. I think so, too. We used to be told that climate had a lot to do with effecting cures in tuberculosis. Are you still of that opinion, or was I wrong in understanding that climate has a lot to do with it?

Colonel WOLFORD. Climate has nothing to do with the cure of tuberculosis, in my opinion, and I think most medical authorities agree with that stand.

MR. ALLEN. You know, once all tubercular patients were told to go west, go out to the mountains, and west, and so forth, but you don't tell them that any more?

Colonel WOLFORD. No, sir. We feel the patient should be treated as near home as possible. He is then more contented. He can have his family visit him, and he will stay in the hospital and take treatment, and we don't recommend any change of environment for patients.

MR. ALLEN. One other thing at that point. We used to hear that a tubercular patient had to have a lot of fresh air and be out of doors on the porch, and so forth, and I notice in visiting Richmond that they have walled up what was formerly the porch, and have made a ward out of it. That action has been criticized to me, and I just didn't know about it, and I wanted to get your opinion on it.

Colonel WOLFORD. The old type of tuberculosis sanatorium was built with those so-called open porches and the cubical type. All modern thought now is that they should be built exactly as a general hospital. The treatment is, in a certain percentage of cases, surgical. As to the so-called fresh air and sunshine, we found that sunshine is bad for people with pulmonary tuberculosis. And for fresh air—if you will remember, 15 or 20 years ago they used to show pictures of patients going out in the snow with just a loin cloth on, maybe. Well, that is very detrimental to tubercular patients, in the opinion of the Veterans' Administration.

MR. ALLEN. The idea of camping out and roughing it is all over?

Colonel WOLFORD. That is just too bad. It is certainly bad therapy for tuberculosis patients.

MR. ALLEN. The idea is to take the patient inside and give him the right temperature and plenty of food and medical attention?

Colonel WOLFORD. That is right.

MR. CARNAHAN. Do you place more stress on the idea of rest?

Colonel WOLFORD. Rest is the all-important factor in the treatment of tuberculosis.

MR. SCRIVNER. Could you tell us in just a few major steps what you consider the better treatment or the accepted treatment for tuberculosis now? What elements enter into it? One of them, I believe, is rest.

Colonel WOLFORD. Of course, Mr. Scrivner, each case has to be individualized.

Mr. SCRIVNER. I am talking generally now.

Colonel WOLFORD. Generally the patient should have bed rest. Then he must have good food, of course. He must be contented. He must have as few financial or personal worries as possible. Then you must give consideration to so-called active treatment; in other words, rest for that lung. If the bed rest doesn't do it, we can then utilize the so-called pneumoclysis, or we can go into surgical procedures. In pneumoclysis we just splint that lung by meeting air into the pleural cavity, which compresses it so much that every time the man breathes in and out it does not expand and contract.

Mr. SCRIVNER. When you say the "air in the pleural cavity," that is the air between the lung and the chest wall?

Colonel WOLFORD. Yes, sir.

Mr. SCRIVNER. That is the inner lining of the chest wall?

Colonel WOLFORD. That's right.

Mr. SCRIVNER. More or less of a sack in which the lung is suspended?

Colonel WOLFORD. That is right.

Mr. SCRIVNER. The sack in which the lung is suspended is filled with air, so that it reduces the activity of the lung as it opens and closes?

Colonel WOLFORD. That's right.

Mr. CARNAHAN. This is not the performance known as collapsing the lung?

Colonel WOLFORD. Yes, sir; that is the so-called pneumoclysis, which is probably the most recently employed in tuberculosis. However, there are certain contraindications or certain auxiliaries which have to also be given. In other words, if a patient has adhesions of the lung which are holding it against the chest wall so it will not collapse it, then they have to go in there and cut the adhesions, and that is what we call pneumoclysis. In other words, we go in there with a fluoroscope, look at the adhesions, then clip them with the cautery or what-not, and drop it back then into the pneumothorax. If that is not effective, they use a so-called thoroplasty, which is cutting away a large number of ribs, anywhere from three to seven, depending altogether on the involvement, and they catch most of the ribs clear back to the spine and almost to the front of the sternum, and that collapses the lung.

Then, in certain types of cases like the Collier case, where they had involvement of only one lung, they go in there and take that lung out. That is what they were going to do with Collier. They sent him down to the Bronx to take that lung out. That was because there wasn't any tuberculosis in the other side, the so-called contralateral side, but before they did the operation they took an X-ray and saw there was a spread over in this other lung, therefore the operation was contraindicated; in other words, the very reason that you were operating on him had already happened. You were trying to get ahead of the infection by doing a pneumonectomy, which you didn't get in his case.

Mr. CARNAHAN. After the lung is collapsed and is at rest for a period, is that lung again usable if the patient rests correctly?

Colonel WOLFORD. Yes, sir. In other words, once you introduce pneumothorax, it is usually about 3 years before you let that lung expand out again. Some people treat those cases on an ambulatory

status outside the hospital, but we like to treat all of our cases in the hospital.

MR. SCRIVNER. Let us go back to the third point, contentment. What elements enter into that? Physical surroundings of the hospital?

Colonel WOLFORD. That is right, sir.

MR. SCRIVNER. Those that can go to the dining room, there is a more pleasant atmosphere there?

Colonel WOLFORD. Yes, sir.

MR. SCRIVNER. They like cheery wards?

Colonel WOLFORD. That is right.

MR. SCRIVNER. Light, pleasant recreation rooms or libraries?

Colonel WOLFORD. That's right.

MR. SCRIVNER. Then too, probably the attitude of the doctors, nurses, and attendants toward the patient has a great deal to do with it?

Colonel WOLFORD. That is very important; as a matter of fact, most important.

MR. SCRIVNER. In other words, tubercular patients are a little more inclined to be cranky, aren't they, than some other cases?

Colonel WOLFORD. Yes, sir.

MR. SCRIVNER. Isn't that normally so, that they are a little more cranky?

Colonel WOLFORD. Yes, sir. They are sick. They have been sick a long time, but they are not as sick, considering their pulmonary involvement, as you would expect if you saw a man with a broken leg or a fellow with appendicitis. In other words, he is too sick to worry too much about surroundings sometimes, but a tubercular patient is very critical. In other words, I don't know of a harder patient to treat or a type of patient that takes a better doctor to treat than tuberculosis.

MR. SCRIVNER. That is exactly what I was going to come to, that in the make-up of your hospital staff for tubercular patients it is necessary that a great deal more care be given to the selection of doctors from the point of view of their personality?

Colonel WOLFORD. That is right.

MR. SCRIVNER. In other words, a pleasant personality in the doctor may make a great deal of difference in the progress of the patient?

Colonel WOLFORD. That is right.

MR. SCRIVNER. As compared to a doctor who is, let us say, inclined to be a little bit rough, maybe a little bit abrupt, maybe lacking just a little bit of the milk of human kindness, whereas that same doctor who is gruff, going in to take care of a patient, we will say, with a broken leg, really it wouldn't make a great deal of difference?

Colonel WOLFORD. That is right.

MR. SCRIVNER. In addition to that, the patient in the hospital for tuberculosis generally is there for a long period of time?

Colonel WOLFORD. That is right.

MR. SCRIVNER. These acute cases that come in there, they are in for whatever time is necessary. Their recovery may be rather slow or it may be fairly rapid.

Colonel WOLFORD. That is right.

MR. CARNAHAN. If a patient has tuberculosis he goes to a tuberculosis hospital, regardless of what else may be wrong with him?

Colonel WOLFORD. That is right. He may have other complications. He may have, for instance, diabetes or he may have an ulcer of the stomach, or something else, but if he has active pulmonary tuberculosis we want to treat him in a tuberculosis hospital, and we want, of course, to have him in an environment where he can be contented and he can be given the best medical care.

Mrs. ROGERS. And is it not also true that it is very difficult to undergo the treatment that a tubercular patient has to undergo, the endless days of waiting?

Colonel WOLFORD. Yes; it takes almost superhuman strength to go through a cure for tuberculosis.

Mrs. ROGERS. And great patience and perseverance?

Colonel WOLFORD. Yes.

Mrs. ROGERS. I agree with you heartily. That is why I feel that it is particularly important to give the man every bit of care and attention that we can give him.

Colonel WOLFORD. That is very true. We feel the same way about it.

Mrs. ROGERS. I know you do. And is it not true also that a man or woman having tuberculosis is apt to be very restless, want a change, want to move about?

Colonel WOLFORD. Yes; they are. Their constitutional symptoms are not as severe as their pulmonary condition would indicate. In other words, they feel fairly well, but still they have got a very serious condition.

Mr. ALLEN. Before we leave that subject, Colonel, I would like to ask this question: The other day Mr. Maisel or Mr. Deutsch, one or the other, made the point somewhere in their articles that the medical department in the Veterans' Administration was not progressive, that the doctors did not attend conventions, did not get the latest methods, the latest cures, things like that. I would like to have your statement on that. You probably remember what I have reference to?

Colonel WOLFORD. Of course, as far as the tuberculosis hospitals are concerned, you have got to remember that a number of them were built back in 1923, when the whole idea of the treatment of tuberculosis was just as you outlined a while ago, and consequently those doctors are in isolated cases, but about 55 of them are fellows of the American College of Chest Physicians, and they belong to other medical societies, and they try to keep up with modern thought. I think our physicians are keeping abreast of the times in the treatment of tuberculosis, as much as most county sanatoria or State sanatoria. Does that answer your question?

Mr. ALLEN. Yes. I suggest that we refer to page 25.

Mr. SCRIVNER. Before you do that, could you answer just a few more questions on this case we are on? You make reference to World War II veterans that are now being discharged from the service, and, in the first place, I would like to ask this: In what condition are they being discharged? Are they active cases?

Colonel WOLFORD. These cases that are coming to our tuberculosis hospitals, Mr. Scrivner, about 55 percent of them are far-advanced cases.

Mr. SCRIVNER. The reason I asked the question was the fact that one of the medical officers in one of the TB hospitals made the suggestion that inasmuch as these men were then under military control and

discipline, it would really be to their benefit if they were retained in Army or Navy hospitals until they had progressed further toward recovery, or at least quiescent. Would that suggestion meet with your approval? In other words, it might be you are discharging them a little too soon?

Colonel WOLFORD. We gave considerable thought and study to just that question. In other words, that problem was presented to the tuberculosis subcommittee of the National Research Council by the Army and the Veterans' Administration in conjunction. There is a certain group of cases among these younger veterans, particularly those with minimal exudative lesions, in other words, a very small lesion that covers one or two inner spaces, and in the young individual at that time it is so essential that he get treatment now. I mean not tomorrow or the next day, but right now, that he get good definitive treatment, and some of us were disturbed about these so-called minimal cases going to a moderately advanced case. They will do it if you watch them right in bed.

I mean there is no criticism on anybody for the case going from one stage to another, but we felt that if those patients, that class of patients particularly, could be held in an Army hospital until that definite treatment was given, in other words, until that minimal type of lesion was under control, that probably it would be beneficial to those individual patients. It would have to be a very careful selection of patients, but the Army at that time just didn't feel that it was in a position to set up the hospitals which would be necessary, because they didn't have tuberculosis specialists either. Consequently, the National Research Council made just that sort of a recommendation on that type of case, but administratively it was not possible at that time.

Mr. SCRIVNER. Here is the man who needs quiet, needs rest. If he is still in the service, under military discipline, of course, they can keep him in the hospital and they can keep him quiet, where once he is discharged he may go to a hospital but if he doesn't want to stay in the veterans' hospital there isn't any way in the world to keep him there.

Colonel WOLFORD. That is true, Mr. Scrivner, but after all, that is not—in other words, compulsion is not the way to treat tuberculosis, you see. What we have got to do in treating tuberculosis is to sell the treatment to the patient. You can tell him that he has got to be in bed 24 hours of the day, but if he is not contented lying there, or doesn't believe he needs it, you haven't helped his condition very much. So I don't think the mere fact of keeping the man in the Army is the answer to the problem. Our problem is greater education. We have got to sell in some way the cure to the patient, and compulsion is not the way to do it.

Mr. SCRIVNER. That answers my question. There was a bit of doubt in my mind about that.

Colonel WOLFORD. Personally I would be against any type of compulsion except in these recalcitrant types of patients that won't abide by public health laws or rules. The States have a way to handle those cases.

Mr. SCRIVNER. I am speaking now particularly that in veterans' hospitals we have no way of compelling them to do anything.

Colonel WOLFORD. No, sir; that is right.

Mr. SCRIVNER. If they don't like it, they can just pack up and go.

Colonel WOLFORD. Yes, sir. I think our job is to increase our selling capacity, rather than compel the patient to stay, either by legislation or any other way.

Mr. CARNAHAN. Do you have any rating scales by which you rate the efficiency of a hospital, such as first-grade medicine, second-rate medicine, third-rate medicine?

Colonel WOLFORD. The only rating for a hospital is to be recognized by the American College of Surgeons. They survey all the hospitals in the United States at stated intervals, and they accept them, either accept them or reject them, and that is the only standard for hospitals.

Mr. CARNAHAN. They have a standard and you must meet that standard if you are rated by this organization?

Colonel WOLFORD. That is right.

Mr. CARNAHAN. Does the organization rate the veterans' hospitals?

Colonel WOLFORD. Every veterans' hospital except one is rated as accepted by the American College of Surgeons, and that happened to be a hospital which we just opened in April, and the American College of Surgeons has not had an opportunity to survey it yet.

Mr. McQUEEN. What are the ratings? Are they either in or out, or are there different ratings?

Colonel WOLFORD. The hospital is either accepted or not accepted.

Mr. McQUEEN. Either accepted or rejected?

Colonel WOLFORD. That is right.

Mr. McQUEEN. Those are the only two ratings they have?

Colonel WOLFORD. Yes, sir.

Mr. CARNAHAN. How often do they check the hospitals to see if they are up to standard?

Colonel WOLFORD. I believe they inspect them about every year or 2 years, not longer than 2 years, I am sure.

Mr. CARNAHAN. So far as the rating scale goes, do the veterans' hospitals rate as well as other hospitals?

Colonel WOLFORD. Yes, sir.

Mr. CARNAHAN. Are there other hospitals that do not meet the standards?

Colonel WOLFORD. Yes, indeed; a number of hospitals. I think you have one or two here in the city of Washington that do not meet the standards of the American College of Surgeons.

Mr. McQUEEN. But all of the veterans' hospitals except this one do meet the standards?

Colonel WOLFORD. Quite right.

Mr. McQUEEN. And that is due to the fact that they have not had a chance to have an examination of that one?

Colonel WOLFORD. That is right. They have not been examined yet. I mean they have not been surveyed by the American College of Surgeons.

Mr. CARNAHAN. Does the Veterans' Administration have anything to do with the administering of these hospitals?

Colonel WOLFORD. No, sir; that is purely under the jurisdiction and supervision of the American College of Surgeons. They have, I think it is, two or three full-time men who do nothing else but this, going from one hospital to another. That is not only the veterans' hospitals, but civilian hospitals, and Dr. MacEachron, who is the director of the American College of Surgeons, happens to be one of the members of

our special medical advisory group, and I am sure you will find, if you question Dr. McEachron you will find that he thinks our hospitals are all right.

Mr. ALLEN. I appreciate your bringing that out, that the veterans' hospitals, the tubercular veterans' hospitals in the Nation all meet the standards of the American College of Surgeons, with one exception, and that has not yet been built.

Colonel WOLFORD. It was built and opened in April, but the American College of Surgeons has not yet surveyed it to determine whether it does meet its standards.

Mrs. ROGERS. Which one is that?

Colonel WOLFORD. That is Waukesha.

The CHAIRMAN. Where is that?

Colonel WOLFORD. Waukesha, Wis. It just opened in April, and the American College of Surgeons has not yet visited the hospital.

Mr. ALLEN. And are there other tubercular hospitals in the country that do not meet the standards?

Colonel WOLFORD. That is true. In other words, there are certain hospitals here in Washington that do not meet the standards of the American College of Surgeons, but I would not want to name them, or I would not be sure of it.

Mrs. ROGERS. Are they affiliated with the American Medical Association in any way—the College of Surgeons?

Colonel WOLFORD. The American College of Surgeons is not affiliated. In order to belong to the American College of Surgeons you have got to be a member of the American Medical Association.

Mrs. ROGERS. Really a close corporation?

Colonel WOLFORD. They are close, but they are entirely separate organizations.

Mrs. ROGERS. Is the policy of the two the same, or is it different?

Colonel WOLFORD. Well, the American Medical Association is an organization for all doctors. The American College of Surgeons, only surgeons can be fellows.

Mrs. ROGERS. That is the chief difference? But the American College of Surgeons is the one that passes on your hospitals?

Colonel WOLFORD. That's right.

Mrs. ROGERS. That is what I was trying to get.

Mr. CARNAHAN. Does the American College of Surgeons publish a statement of the hospitals that they do rate, a periodical statement of the hospitals they rate as meeting the standards?

Colonel WOLFORD. That is right. Not only that but they also publish it in the local newspapers, so if you will notice, you can tell which ones in your own community do not meet the standards. In other words, they do not say certain ones do not meet the standards, but they give the names of the ones that do meet the standards, so by implication you can draw your own conclusions as to whether or not the others do.

Mr. CARNAHAN. Do they survey all hospitals?

Colonel WOLFORD. Yes, sir; so far as I know they survey every hospital in the United States. I would not want to make that positive statement, but I am sure that Dr. MacEachron can clear that point up for you.

Mr. CARNAHAN. I would just like to say that I believe a study of a survey of that kind should bring considerable light on the efficiency

of the veterans' hospitals. That would be one of the best means of comparison that we possibly could find.

Mr. ALLEN. My attention has just been called to the fact that not only the tubercular hospitals under the Veterans' Administration but all the other hospitals of the Veterans' Administration meet the requirements of the American College of Surgeons.

Colonel WOLFORD. That is right.

Mr. ALLEN. And that is not true of a lot of other private hospitals?

Colonel WOLFORD. That is right, sir.

Mr. ALLEN. That is something that the public generally does not know, and I think the public ought to know that.

Mr. CARNAHAN. Would you care to make any comment on hospital ratings?

Colonel WOLFORD. A lot of them are recognized by the American College of Surgeons.

Mr. CARNAHAN. Then there is a possibility that some of them do not meet the standards of some of the State hospitals?

Colonel WOLFORD. Some of the private and State hospitals do not, but I would not know just which ones they are.

Mr. CARNAHAN. Lots of States do have tubercular hospitals under State control, do they not?

Colonel WOLFORD. Yes, sir. You can find the list of hospitals of the Journal of the American Medical Association—I don't know just what date it is in March, but you can get it from the Congressional Library, I imagine, and there is a hospital number, they call it, that comes out every year, published by the AMA, and it lists all the hospitals in the United States and gives those that are recognized by the American College of Surgeons, and those that are recognized by others.

Mr. ALLEN. It seems to me, Mr. Chairman, that the fact that every veterans' hospital in the country is recognized by the American College of Surgeons is a pretty good reputation of the third-rate-medicine charge that these fellows have brought in here.

Mr. CARNAHAN. I don't suppose that hospitals that practice third-rate medicine could get on this list of the American College of Surgeons, the approved list.

Colonel WOLFORD. No, sir.

The CHAIRMAN. These statements that have been submitted by officers in the Medical Corps who are doctors, they have been made under the title of their rank in the Army, and the average person doesn't recognize, say "Colonel" Somebody as doctor. They immediately think of an Army officer, and if they had the title "Doctor" instead of "Colonel" it would be more appealing to the public. I am speaking now about these two statements that have been submitted.

Colonel WOLFORD. I will now take up allegation 4, page 68 of my statement:

Doctors so overloaded that they could give the average patient only 7 minutes' attention a week. Not 7 minutes a day, mind you—7 minutes a week.

No two patients in a hospital require the same amount of daily attention by the physician attending his case. Many cases, particularly those who are seriously or critically ill, may occupy hours daily of the physician's time, while the chronic case who is convalescing satisfactorily may require less than a minute of a physician's time during the day. A patient undergoing operative procedure under general or

spinal anaesthesia requires in our hospitals the time of not less than three physicians for from an hour to several hours depending on the nature and seriousness of the operation. Many hours a day are spent by physicians studying the X-ray and laboratory findings, reviewing temperature charts and the observation notations of nurses and auxiliary workers concerning the individual patient—time not spent in actual contact with the patient but decidedly in the interest of the patient and his condition in the clinics, laboratories, and wards of the hospital. Nor does Mr. Maisel seem to understand that a physician spends all of each 24 hours with or at the call of his patients. Or that even while shaving in the morning, sitting at meals or attending church or the theater the symptomatology of his patients is constantly in his thoughts, and he is subconsciously cataloging the diagnoses and outlining the treatment he proposes to follow. Contrary to the practice of some highly reputable civilian hospitals, the Veterans' Administration requires its physicians to see every patient at least once daily. There has been no change in this established practice and an analysis made at our tuberculosis hospitals in the last few weeks demonstrates that the physicians are averaging from 30 minutes to 2 hours weekly with each patient assigned to their care.

The CHAIRMAN. We will have to adjourn now until Tuesday, when we expect to hear the representatives of the Veterans' Administration. If it is all right with the Doctor I will ask him to insert the rest of his statement in the record, and we will have it printed as part of the hearings, with the right to recall you, Doctor, at any time, if that is satisfactory to you.

Colonel WOLFORD. That is all right with me.

The CHAIRMAN. I want to say that you have made a very splendid statement, one of the best statements I have heard.

Mr. McQUEEN. Mr. Chairman, I would like to have the privilege, if the doctor has some charts or other printed matter substantiating the statement that he has put in here, if he will turn that matter over to me, that I also put that in following his statement, since he is not getting an opportunity to present the whole matter.

The CHAIRMAN. Without objection, it is so ordered.

Mrs. ROGERS. Mr. Chairman, I was called to the telephone awhile ago. Are you making any recommendations as to the future, regarding training centers?

Colonel WOLFORD. I have not any statement, but I can give you our recommendations on that.

Mrs. ROGERS. Would you like to have a training center here in Washington, research, and so forth?

Colonel WOLFORD. I can read you some of our recommendations made before you heard Mr. Maisel and Mr. Deutsch.

Mrs. ROGERS. I think we should have that. Don't you, Mr. Chairman?

The CHAIRMAN. I was going to suggest on this proposition of training centers, you have a new Administrator now, and we would like to hear from him on that proposition. Probably the doctor would like to confer with him before he makes any recommendations on the subject.

Colonel WOLFORD. Those things that concern policy matters are not for me to discuss, but I have certain things about the tuberculosis division that I would be glad to state.

The CHAIRMAN. Personally I would not want to go into that proposition until we heard from General Bradley.

Mr. SCRIVNER. I think that is proper. His ideas may be exactly the same as those of General Hines, and then again they may be the exact opposite.

Mrs. ROGERS. Do you feel the same way on other legislation, Mr. Chairman?

The CHAIRMAN. I discussed with General Bradley the other legislation and told him of the legislation that General Hines and I had discussed with the President, and he said that he thought his views on that legislation were the same as the views of General Hines; that he would take the bills with him on his trip to Missouri and read them and confer with us when he got back. I am hoping that some day we will get through with this investigation so we can take up that legislation, but we can't do it under the resolution adopted the other day, unless that resolution is set aside.

Mr. SCRIVNER. Probably since a new Administrator is coming in we should not act too hastily on legislation anyway.

Mr. McQUEEN. I would like to ask the Doctor the same question I asked Dr. Baird. Doctor, in your practice of medicine in the Veterans' Administration has any layman either above or below you in rank or grade ever tried to interfere with your conduct of your particular department?

Colonel WOLFORD. In my practice of medicine?

Mr. McQUEEN. Yes.

Colonel WOLFORD. No, sir.

Mr. McQUEEN. That is all.

The CHAIRMAN. All right, Doctor; you may insert your statement in the record, and we will adjourn until Tuesday morning at 10 o'clock, when we will hear the veterans' organizations.

(Colonel Wolford submitted the following matter for the record.)

STATEMENT BEFORE THE HOUSE COMMITTEE ON WORLD WAR VETERANS' LEGISLATION
BY COL. ROY A. WOLFORD, ASSISTANT MEDICAL DIRECTOR, TUBERCULOSIS DIVISION,
VETERANS' ADMINISTRATION

As assistant medical director in charge of tuberculosis hospitals, the Administrator and the medical director have placed upon me the responsibility of answering the many allegations of Mr. Albert Q. Maisel as contained in his first article entitled "Third-Rate Medicine for First-Rate Men," which appeared in the March issue of the *Cosmopolitan*. The editor of this periodical commenting in his editorial column stated "There's a shocking article on page 35. The author has spent many months collecting the facts. Now he presents them, fully documented and with a sincerity learned on two battle fronts." It will be my purpose to refute by documentary evidence many of Maisel's statements bearing on veterans and I feel assured that I can also prove to your satisfaction the editor to be wrong on at least three counts (1) that Mr. Maisel did not spend months collecting facts or if he did he did not use them in his article; (2) that his presentation is not factually documented; and (3) that there is a distinct ring of sensationalism, and a show of gross ignorance but no sincerity of purpose in what he has written.

The editor failed to say: That the article would have a far-reaching effect on the peace of mind of millions of veterans and their families; that it would shake the morale of the patients in every veterans' hospital in the country; that it would malign and be a source of discouragement to every nurse and every physician in the Veterans' Administration, the very individuals who have with true sincerity unselfishly dedicated their lives to serve those veterans for whom the editor glibly states, "It is therefore with a sense of public and humane obligation to the men in our armed forces—past and present—that we publish these damning facts," nor did the editor tell the reader that it would be the seriously and

critically ill veteran whose life is almost despaired of and whose eternal hope for recovery is bulwarked by the faith and confidence that has been builded in his mind by the skill and training of the physicians, nurses, and other personnel in whose hands a grateful Government has placed him, who would in the end be the loser.

I hope I am not speaking with too much feeling but if I am, I ask that you pardon me for I am but voicing the righteous indignation of every loyal employee of the Veterans' Administration to whose attention this article has come.

Mr. Maisel implies that his statements are based on the published figures issued by the Veterans' Administration itself; that in many of the veterans' hospitals he has visited the death rates are actually higher; the "cure" rates far lower, and conditions, far, far worse than any cold statistics can ever indicate.

What are the actual facts?

Mr. Albert Q. Maisel did visit two tuberculosis hospitals of the Veterans' Administration and the tuberculosis department of one of our general hospitals. Let us see upon what his conclusions were based.

In the early fall Mr. Maisel did call at the Minneapolis Hospital. He visited with the chief of the tuberculosis service in his office at that hospital for almost 1 hour. He did not see the wards or kitchens or interview any of the patients, and according to the physician he contacted, he indicated the purpose of the jaunt from Massachusetts to Minnesota was to gather material which would be of interest to the public who knew little or nothing about "the greatest clinic in the world." It appears that it started out as a laudable enterprise, but that subsequently somewhere along the road it degenerated into some rather lucrative journalistic trickery based on hasty generalizations.

Next we find Mr. Maisel visited the Castle Point, N. Y., Tuberculosis Hospital. He was interviewed by the manager and gave the impression that he was interested in the ex-serviceman; that he had been a war correspondent, and that he was preparing a book. He asked if he could be permitted to visit the hospital and talk with a few of the patients. This seemed to be a natural request and no objection was interposed, since many people who are interested in the Veterans' Administration and the work it is doing come out of interest to see for themselves what is actually going on inside the hospital buildings. Mr. Maisel talked to some of the patients, as stated in his article. With relation to the statistics referred to throughout his report, he was not given any statistical information concerning any of the administrative matters of the hospital other than he was told that the bed capacity was 625. At the time he visited Castle Point, N. Y., construction was in progress, increasing the bed capacity from 479 to 625. During the alteration program it was necessary to evacuate parts of wards. The patients evacuated had to be reabsorbed in certain other rooms. Also during the reconstruction program the rooms constructed for day rooms were necessarily used temporarily for housing the patients. This was essential due to the urgent demand for beds. However, at no time were any of the rooms overcrowded. The alterations and reallocation of space were made in accordance with standard plans allotting at least 70 square feet of space for each bed.

Mr. Maisel was informed the additional beds were being obtained through reallocation of space. His statement that the patients were robbed of day rooms, diet kitchens, and toilet facilities is not borne out by the facts. The toilet facilities of all the wards were increased where rebuilding was involved. There was provided a special day room on each ward which did not exist prior to the construction, and there is an adequate nourishment kitchen on each ward. During the alteration period at no time did the bed capacity of a 5-bed room exceed 6 beds or did a 2-bed room exceed 3 beds as a temporary expedient.

The menu served on the day of Mr. Maisel's visit there, October 5, 1944, was:

Dinner:

Soup
Pot roast with gravy
Buttered potatoes
Buttered cabbage
Fudge cake
Bread and butter
Milk, coffee, and tea

Supper:

Soup
Hamburg
American fried potatoes
Tomato, onion salad with mayonnaise
Hot buns
Chilled apricots
Beverage

That visit likewise was a rather fleeting one of several hours, and as far as can be ascertained, he talked to but four patients—one of whom was James Collier, concerning whom we will talk at greater length a little later—no physicians except the manager and the clinical director, and no nurses whatsoever.

Mr. Maisel subsequently went to the Sunmount, N. Y., Hospital on the morning of December 5, 1944, and departed at 11 p. m. on that date. While at Sunmount he interviewed the clinical director, a few medical officers, several patients, and accompanied the manager and the chief nurse for a short time while they were making rounds in the infirmary wards. In the afternoon he spent 2 hours at the surgical collapse board meeting. He ate two meals at the hospital. Mr. Maisel commended the manner in which the collapse-board meeting was conducted by the clinical director, and appeared when he departed to have gained a favorable impression of the Sunmount Hospital.

I believe the committee will see that the time spent by Mr. Maisel in the tuberculosis hospitals of the Veterans' Administration and the superficial and inexperienced manner in which he conducted his investigations were surely insufficient to warrant any conclusions regarding the treatment being accorded our tuberculous beneficiaries.

Some days ago Dr. H. A. Pattison, director of the Potts Memorial Institute at Livingston, N. Y., made an unannounced visit to the Castle Point Hospital. Dr. Pattison has been a member of our medical council for many years. He is one of the most outstanding tuberculosis specialists in the United States and enjoys an international reputation as a tuberculosis hospital administrator.

Here is what he had to say about his visit, as taken from a copy of a letter which he addressed to Miss Evelyn P. Ellsworth, of 23 Waller Avenue, White Plains, N. Y.:

"MY DEAR MISS ELLSWORTH: I have received your letter of March 7 with the enclosure of a clipping from the Daily Mirror referring to an attack upon the Veterans' Administration and its hospitals in the March Cosmopolitan. I had seen neither the clipping nor the magazine.

"Only last Saturday I had occasion to go to Castle Point concerning a patient who had been transferred there from this institution. After leaving Castle Point I purchased the Cosmopolitan. My observations do not in any way support the writer of the attack. While I had no official status, and could not attempt any detailed survey, I made observations based upon the experience in visits to more than 300 sanatoria in this country and in Europe, and written reports on 250.

"The chief medical officer accompanied me to the large, airy, well-ventilated kitchen where the noon meal was being served. I asked the privilege of tasting some of the food. This was the menu: Soup, which I did not sample. Bread and butter. I did not taste the bread but the butter was fresh and of excellent flavor. The chicken fricassee could not be improved upon, and there was just about as much chicken as gravy. It was well seasoned. The mashed potatoes were excellent and the lima beans were small, tender, and tasty. The date-custard pudding was delicious. There was a choice of milk, tea, or coffee. I sampled the coffee, black. It was very satisfactory. The food was hot and the dishes were hot.

"It is served to bed patients from heated electric carriers. It is very difficult to get food to the patients in bed as hot as one would like, even in a smaller institution. Had the food been of poor quality, I should not have been greatly surprised, because of the difficulties of preparing good food by mass cooking. The diets were in charge of two alert, capable young women.

"The dining room for ambulant patients was clean and the tables covered with clean, white tablecloths. If ever linen is dirty, it is on Saturday. The chairs had attractive covers for the backs. There were hanging at the windows.

"The nurses, in their particular dining room, were capable-looking young women in fresh uniforms.

"The small lounging rooms on the various floors were attractively furnished.

"The X-ray and laboratory equipment were adequate.

"The institution is not badly overcrowded, although it has a few more patients than normal capacity due to the exigencies of war.

"Such attacks as you refer to serve no good purpose. They upset the morale and discipline of patients. They must distress the relatives who are likely to accept statements in a popular magazine as gospel truth. They must certainly be disheartening to an overworked staff, doing its best in a period of man short-

age to give good service. There are, of course, men grown old in the service, but there are also younger physicians, and all of the younger graduates have good, basic, scientific training. It is shameful that they should be vilified and traduced in a time like this. It is almost certain that someone will demand a congressional investigation. That means that the staff in the central office at Washington, and the staffs in the various hospitals, will be further distracted from the important business at hand. When you read an attack such as that in the *Cosmopolitan*, you may always discount it by 80 to 90 percent. It is difficult to combat widely circulating stories such as this one, but each of us can do something to counteract such evil influences.

"Sincerely yours,

"H. A. PATTISON."

Before we launch into the general statements relative to the "cold statistics"—which is what Mr. Maisel calls them and thereafter either purposely or ignorantly proceeds to distort and misinterpret them to provide a sensational backdrop for his accusations—let us examine the facts regarding the two cases which he high lights by photographs of photostated letters of one and wash drawings of alleged experiences of the other to illustrate his article.

HAROLD W. C. SCHWIEBERT—XC-3255845

You will remember Mr. Maisel stated:

"Last June, Harold Schwiebert wrote a letter from the bed he had occupied for almost a year in the veterans' facility at Dayton, Ohio. An overseas veteran, Schwiebert had been treated for tuberculosis in Army hospitals in England, and, later, in the States. Then, discharged, he was turned over to the Veterans' Administration for further treatment.

"For a year he endured that 'treatment.' Finally, in despair, he wrote to Dr. H. H. Brueckner, superintendent of the District Tuberculosis Hospital of Lima, Ohio, begging to be admitted to the five-county institution. Here is his description of his treatment at the veterans' hospital:

"I have just lost all belief of ever recovering in this place. I was admitted to this hospital June 23, 1943. I was only aspirated twice, which was sometime in July, when there was 1,500 cubic centimeters of fluid removed, and then again in August, when there was 1,000 cubic centimeters removed, and since that haven't been aspirated or anything done but being fluoroscoped or X-rayed once in a while. The last X-ray was taken in March and May. Haven't been examined since February 1944. * * * I had a flare-up about 3 weeks ago and being sent up to be fluoroscoped by our ward surgeon, the pneumo doctor refused to do the fluoroscoping and sent back a sarcastic note to our ward surgeon. * * * I have found out all about this place I want to know.

"I have made up my mind to leave here and the sooner the better for my own good."

Reviewing the clinical folder of this patient we can place the date Mr. Schwiebert wrote Dr. Brueckner the quoted letter as not earlier than the latter part of May 1944. I ask you to remember this date for it will have an important bearing on the facts which I will submit later. As a former patient, who was also a physician, wrote after reading the article:

"There is nothing in Schwiebert's own account of his condition and treatment to indicate anything except that he was dissatisfied with his treatment and results and that he was bewildered. Who would not be bewildered after nearly a year of invalidism. He was naturally discouraged, but this does not indicate that there was any improper treatment or neglect in his case."

As the committee has been furnished a complete brief of the facts on the Schwiebert case, I will only summarize the salient points which have a bearing on his treatment.

On admission to the Dayton Facility at 8:15 a. m., June 23, 1943, Mr. Schwiebert was immediately seen by the ward physician, placed on regular tray, and given 24-hour bedrest, with bathroom privileges. He received an X-ray of the chest on the same day and routine laboratory examinations, including a urinalysis, total red count, total white count, differential blood smear, Wassermann, and specimen of single sputum the following day. A series of 11 morning specimens of sputum followed. Subsequently two 24-hour specimens of sputum were obtained and examined by the concentrate method. All sputum examinations were found to be negative for tubercle bacilli. The patient was seen by the surgical collapse board, consisting of five physicians—the chief of the surgical service,

the chief of the medical service, the chief of the tuberculosis service, the clinical director, and the roentgenologist—on June 30, 1943. Their report, and I will quote it in its entirety, follows:

"SURGICAL COLLAPSE BOARD

"This 27-year-old veteran was admitted June 23, 1943, by discharge from the United States Army with diagnosis of moderately advanced active pulmonary tuberculosis. About Christmas of 1942 he developed pleurisy while overseas and continued to have trouble until February 11, 1943, when he developed a high temperature and fluid in his left chest. He was moved to the general hospital and remained there until May 6, 1943, at which time he was evacuated to the United States, Fort Devens, Mass., and transferred here for discharge. Fluid was removed from his chest on five different occasions, the first aspiration yielding only 60 cubic centimeters of yellowish, slightly turbid fluid, which gave a count of 600 WBC's per centimeter specific gravity 1.019, sugar 10 milligrams percent and was positive for tubercle bacilli. Sedimentation rate 2 millimeters per hour. Subsequent tapplings yielded 1,250 cubic centimeters and on two occasions 2,400 cubic centimeters each. In all, fluid withdrawn on five occasions. Normal weight 186 pounds. Present weight 156.

"Since admission, temperature has been elevated only slightly ranging from 99 to 99.2. Pulse from 72 to 106. Respiration from 18 to 24. The physical examination was positive for involvement of the entire left lung. Sputum tests, however, have been negative.

"X-ray shows right lung clear and radiant throughout and in the left there is a dense homogeneous opacity which obliterates the entire lung with apparent deviation of the trachea to the left, also heart shadow is apparently deviated somewhat to the right.

"Diagnoses: (1) Tuberculosis, pulmonary, chronic, far advanced, active III; (2) hydropneumothorax, left, serofibrinous, acute.

"Recommendations: Transfer to annex No. 4, wards 21 or 22. Bedrest, symptomatic treatment, and withdrawal of the fluid from the left chest, if and when he becomes uncomfortable. If fluid is withdrawn, it should be replaced with air."

He was transferred from the reception service to the treatment ward on the same date and placed on 24-hour bedrest with regular tray. The patient rapidly gained weight, the graphic weight chart indicating on June 30, 1943, that he weighed 155 pounds and on the 5th of January 1944, 175 pounds. This weight was maintained until May 21, when a slight decrease in weight was noted. The patient remained on 24-hour bedrest, with bathroom privileges and regular tray until August 6, 1943, when he was permitted to go to the ward dining room. During this period he remained afebrile, observed the rest periods well, and was a most cooperative patient. On July 19, 1,500 cubic centimeters of fluid were aspirated from the left chest. The specimen was sent to the laboratory and was found positive for tubercle bacilli. Again, on August 21, 1943, approximately 1,000 cubic centimeters of a turbid fluid were aspirated from the chest. He had developed an infection of the fourth finger of the left hand on August 1, 1943, which, according to the patient, was the result of an insect bite. This condition was properly treated and cleared up rapidly with no untoward symptoms.

Beginning November 3, 1943, he was permitted to be out of bed 4 hours daily. On April 18 he was given the privilege of 15 minutes' walking exercise daily. On May 12, 1944, 4 weeks later, the patient developed pain in the chest with an elevation of temperature. He was kept in bed, on a light tray, for several days, when he was again placed on a regular tray. Beginning June 9 he was permitted out of bed 2 hours in a 24-hour period. He was progressing favorably until June 16, when he complained of a severe recurrent headache with nausea and vomiting. He was given symptomatic treatment for the headache. There was no cervical rigidity or cutaneous hyperaesthesia present. By June 24 the patient had developed symptoms which strongly pointed to a meningeal condition. The temperature became elevated to 100° and 101° and the pulse rate was increased to approximately 100 per minute. A spinal puncture was made on June 28 and examination of the fluid withdrawn showed an occasional acid-fast bacilli with a heavy increase of globulin and a cell count of 328 per cubic millimeters with 44 percent lymphocytes. On June 28, the left chest was again aspirated and only 50 cubic centimeters of foul greenish yellow material was recovered, certainly insufficient to cause any respiratory or cardiac embarrassment. The patient's condition became progressively worse, he lapsed into coma June 30, 1944, and he expired at 12:40 a. m., July 2, 1944. The cause of death was tuberculous meningitis, secondary, to a far advanced pulmonary tuberculosis.

A review of the reports of X-rays of the chest made of this patient indicates that on June 23, 1943, there was no evidence of infiltration or of consolidation of the right lung. However, the left lung showed a dense homogenous opacity obliterating the entire left lung, with slight deviation of the trachea to the left and the heart shadow was apparently deviated to the right. The Bucky film of the chest made July 1, 1943, revealed the left side of the chest to be homogeneously cloudy, probably due to the presence of fluid. An elliptical area of clearing adjacent to the spine was interpreted as representing pulmonary tissue. The diaphragm on the left side appeared to be depressed. The roentgenogram of the chest taken on August 23, 1943, following the withdrawal of fluid from the left side of the thorax revealed a mydropneumothorax with a fluid level at about the ninth dorsal spine. A partial collapse of the left lung was noted. The upper left lobe was fixed by a vertical adhesion which extended to the thoracic inlet. The left lower lobe was concealed by the fluid. The right chest was negative throughout. The X-ray of the chest made March 30, 1944, demonstrated a complete homogenous opacity over the entire left chest due to the presence of a large hydropneumothorax. The report indicated the fluid displaced the cardiac shadow slightly into the right chest and that the right lung remained negative. Comparing roentgenogram of the chest made May 22, 1944, contrasted with the prior one of March 30, 1944, revealed no significant change except for a small area of clearing in the region of the left hilus approximately 3 by 1 centimeter. The heart was reported as being still moderately displaced to the right, and the right lung remained negative with the exception of congestive changes in the base. A roentgenogram of the chest taken June 26, 1944, compared with that of May 22, 1944, revealed no significant change in the left lung. The same dense homogenous opacity occupied the entire left pleural space with the exception of an area in the hilus which was only fairly aerated. The trachea was deviated to the left and the right lung showed a stippled, soft type of infiltration throughout all lobes and zones.

SUMMARIZATION

If one is to judge from both the ward surgeon's and nurse's notes, Mr. Schwiebert was a very cooperative patient during his hospitalization. He followed bed rest very satisfactorily and improved under the hospital regimen during the first 6 months of his hospitalization. At this period he had gained approximately 20 pounds in weight. His general physical condition was so satisfactory that he was granted a 7-day pass on April 6 through April 13, 1944. His treatment as outlined by the surgical collapse board was medically sound and in accordance with the best established medical practices in this type of case. This treatment was carefully followed and the unanimous admonition of the collapse board that the fluid only be withdrawn if and when he became uncomfortable was clearly understood by the physician under whose care this patient was placed. It appeared necessary to withdraw fluid on but two occasions in the early period of his hospitalization. Subsequent to August 21, 1943, there is no indication from the record that this patient manifested any cardiac embarrassment or was uncomfortable to any extent until his terminal illness.

I have personally reviewed the X-ray films taken of the patient while in the Dayton facility, and there is, in my opinion, no material shift of the mediastinum shown in any of them. (X-ray films of patient demonstrated to committee.) The record conclusively shows that the patient died July 2, 1944, of a tuberculous meningitis which had its inception before June 15, 1944. When the diagnosis of tuberculous meningitis was clearly established on June 28, 1944, the prognosis was fatal, this being the usual termination in this complication.

Tuberculous meningitis is fortunately a rare complication in adults. However, it does occasionally occur. The onset is usually gradual and characterized by headache which is persistent and does not yield to treatment. In addition, the patient becomes irritable and fretful and there is frequently loss of memory. Later, the clinical symptomatology develops so that there are definite signs of neck rigidity, nausea, and vomiting. You will remember about the time Mr. Schwiebert forwarded his letter to Dr. Brueckner he had a slight elevation of temperature, with later signs developing of a tuberculous meningitis.

You will also recall in the article of Albert Q. Maisel in the March issue of the *Cosmopolitan* he quoted from a letter allegedly written Dr. H. H. Brueckner, superintendent of the District Tuberculosis Hospital of Lima, Ohio, by Patient Schwiebert and a letter from Dr. Brueckner of July 6, 1944, to Louis I. Dublin, Ph. D., third vice president and statistician, New York Life Insurance Co., New

York, N. Y. The letter from Patient Schwiebert to Dr. Brueckner according to the photostatic copy printed in the *Cosmopolitan* read as follows:

"DEAR SIR: I have been wanting to write to you for some time, but thought maybe I could write to my sister Helena there at the hospital and find out through here what I wanted to know, but she thought it would be best for me to write personally to you and tell you about my treatment here, if I can call it that.

"There has been so many things happening here lately, that I have just lost all belief of ever recovering in this place. I had a flare-up about 3 weeks ago and being sent up for to be fluoroscoped by our ward surgeon, the pneumo doctor refused to do the fluoroscopy and sent back a sarcastic note to our ward surgeon, who is Captain Knott now. He has been here for nearly a month, but seems to get poor cooperation from some of the other doctors.

"I also got to speak to Colonel Schillinger, the chief medical officer, a week ago. I asked about my case of how I knew of them being treated at most general hospitals in the Army and other tuberculosis hospitals. 'Oh,' he says to me, 'we forgot that way of treating them since the Civil War.' So you see I have found out all about this place I want to know, so I have made up my mind to leave here and the sooner the better for my own good.

"So I have decided to come to that hospital, if possible, and get my treatment there and get my proper treatment, I'm sure. I want to also pay my own way, which I think will be possible, since I am service-connected. So I want to know all about the monthly fee there and also about the papers to be made out. Also let me know how soon I can come there. I have also been wondering whether the papers couldn't be made out on arrival there rather than to be doing this through the mail.

"I will tell you about my treatment that I have received here so far. I was admitted to this hospital June 23, 1943. I was only aspirated twice, which was sometime in July, when there was 1,500 cc. of fluid removed, and then again in August, when there was 1,003 cc. removed, and since that haven't been aspirated or anything done, but being fluoroscoped and X-rayed once in a while. The last X-ray was taken in March and May. Haven't been examined since February 1944. Since I had the flare-up I have been running a little temperature ever since. I believe I told you when I was there how much fluid that had been taken off altogether. Anyway I had 2,400 cc. taken off overseas and the total aspirated was 6,800 cc.

"Well, I must close for now and if you wish to know more about me before I leave here I would be pleased to answer everything in the next letter. So I'm hoping and trusting to hear from you very soon.

"Sincerely yours,

"HAROLD W. C. SCHWIEBERT."

The letter from Dr. Brueckner to Louis I. Dublin purports to read as follows:

"DEAR DR. DUBLIN: It might be of interest to you to know that Mr. Harold Schwiebert will not have a chance of coming to this hospital for removal of his pleural effusion.

"He died July 2 of apparently cardiac failure and cardiac embarrassment probably because of severe mediastinal shift caused by effusion.

"Sincerely yours,

"H. H. BRUECKNER, M. D., Superintendent."

It is interesting to note how Dr. Brueckner's guess at the diagnoses in a patient he never saw became transformed through the skillful pen of Mr. Maisel into an indisputable fact. But we already know that the true cause of the young Schwiebert's death was tuberculous meningitis and not cardiac failure as guessed by the good doctor in absentia.

Now let us return to the statement in Schwiebert's letter to Dr. Brueckner. "I had a flare-up about 3 weeks ago and being sent up for to be fluoroscoped by our ward surgeon, the pneumo doctor refused to do the fluoroscopy and sent back a sarcastic note to our ward surgeon, who is Captain Knott." Dr. W. L. Knott took over the care of patient Schwiebert May 2, 1944. On May 9, 1944, the patient had a slight elevation of temperature which continued to May 12. On May 16, 1944, Dr. Knott requested a fluoroscopic examination of Dr. Schiffer. Dr. Schiffer did not make the fluoroscopic examination and forwarded a note to Dr. Knott which reads as follows: "Dear Bill: I am not on the TB service and do not do their consultations. I do not do the fluoroscopy on TB's in an official capacity. I believe the procedure commonly used is for X-rays to be taken." On the basis of Dr. Schiffer's note, Dr. Knott ordered an X-ray of the chest for comparison purposes and requested that the fluid level be noted. The X-ray was

taken and showed no significant change in the left lung as contrasted with the previous X-ray taken March 30, 1944. The note of Dr. Schiffer is in his own handwriting, is not sarcastic in nature and was only informative to Dr. Knott as to the established procedure. It may be well to state to the committee that Dr. Knott had but recently been assigned to the Dayton facility and was not intimately familiar with the organization and procedures followed in that specific facility.

I believe the committee is now in a position to judge the entire article by comparing the statements made by Mr. Maisel in the two above-mentioned cases with the facts as shown from the official records of the Veterans' Administration. However, for purposes of the record we shall now return to the general statements, some italicized, in the opening portion of Mr. Maisel's article.

2. "Yet only one patient in six ever leaves these beautiful buildings as 'cured.'"

3. "Only three out of five complete their hospitalization and win even the label of 'improved.' The rest die or are discharged as 'unimproved,' or run away to enter other hospitals or to suffer and die quietly at home."

CURED

The term "cured" is rather loosely used by certain uninformed laymen and I regret to say even by some hospitals and physicians. In Veterans' Administration hospitals a patient is discharged as cured only when the condition for which he had been treated has actually reached that stage. Acute diseases will frequently result in a cure after hospitalization, but most chronic diseases will actually only be improved. This is especially true of tuberculosis and nervous and mental disabilities. In our tuberculosis hospitals, if we are to follow the National Tuberculosis Association classification, no patient can be discharged as even apparently cured for this requires the resumption of the normal activity of the patient for a 2-year period under the usual routine of life without any constitutional symptoms of the pulmonary disease developing. At this time I desire to introduce into the record a copy of the table Domiciliary and Hospital Discharges of United States Veterans showing results of hospital treatment and type of patient, fiscal year 1944.

You will note that among the general medical and surgical cases for that year 13.6 percent were discharged from the hospital as cured, 58.2 percent as improved, and but 6.2 percent were unimproved. The condition on discharge was not stated in 15.7 percent, and 7.3 died. Regarding the neuropsychiatric patients discharged, 5.3 percent were discharged as cured, 54.4 percent as improved, 20.8 percent as unimproved, and 6.8 percent died. The condition on discharge was not stated in 12.7 percent. Among the tuberculosis patients discharged 2.9 percent were arrested, 1.1 percent apparently arrested, 1 percent quiescent, 28.7 percent showed improvement, and 28.5 percent were unimproved. 19.7 percent died, while the condition was not stated in 15.9 percent.

Among the younger veterans of World War II suffering with pulmonary tuberculosis discharged during the fiscal year 1944, of 4,075 patients discharged during that year, 164, or 4 percent were discharged as arrested, 88, or 2.2 percent, were discharged apparently arrested, 60, or 1.5 percent, were discharged as quiescent, and 1,360, or 33.4 percent, were discharged as improved.

While those discharged as improved from our hospitals were still active insofar as their clinical status in conformity with the National Tuberculosis Association classification was concerned, approximately 70 percent of them had a negative sputum at time of discharge, and in the majority of instances these patients were also free of constitutional symptoms. In many State, county, and private tuberculosis institutions a patient free of constitutional symptoms and with sputum negative for tubercle bacilli is discharged as quiescent. Among the younger World War II veterans, whose average age is around 25 years, 12 percent were discharged as arrested, apparently arrested, and quiescent during the fiscal year 1944, while in the group of veterans of other wars and the Regular Establishment, whose average age was about 52 years, over 6 percent were discharged as arrested, apparently arrested, and quiescent. Therefore, actually for the fiscal year 1944, of the patients discharged alive, almost 65 percent were discharged with the pulmonary condition either arrested, apparently arrested, quiescent, or improved.

You will be interested in the mortality rate and the results of treatment of a number of representative State, county, and municipal tuberculosis hospitals, several of which were mentioned by Mr. Maisel in his article as practicing first-class medicine on the other side of town and to acquaint you with the

comparative data, one with another and with our tuberculosis hospitals, I desire to place in the record a table Comparative Analysis of Miscellaneous Data on Non-Federal Tuberculosis Hospitals and Tuberculosis Facilities of the Veterans' Administration. When you have an opportunity compare our mortality rate of 19.7 percent in 1944 with a number of the others. (Explain tuberculosis mortality rates for white male and female and nonwhite male and female by age groups through use of mortality chart.)

For the fiscal year 1944, of the veterans of World War I and World War II discharged from hospital or domiciliary care, 8 percent of the World War I patients left the hospital against medical advice or absent without official leave. For the World War II group, 18 percent of the cases left the hospital in this manner. A break-down of these percentages indicates among the general type of patients 6 percent of the World War I group and 14 percent of the World War II group had the hospitalization period terminated by irregular discharge. In the neuropsychiatric type of veteran, 9 percent of the World War I group left the hospital against medical advice or absent without official leave, while 20 percent of the World War II group were so discharged. In the tuberculosis type of patient, 35 percent of the World War I group and 52 percent of the World War II group terminated their hospitalization either against medical advice or absent without official leave. In this connection, attention is invited to the fact that except under unusual and exceptional circumstances patients from veterans' hospitals are not discharged while active cases of tuberculosis, except against medical advice. In most private and municipal hospitals, it is understood that discharges with advice are made in active cases when, in the judgment of discharging physicians, such type of discharge is indicated and is requested by the patient. It is also understood that in some State institutions the duration of hospitalization is limited and it is necessary to discharge patients with advice on termination of the limited period of hospitalization to which they are entitled.

The Veterans' Administration, at the beginning of the present emergency, became cognizant (as was observed after World War I) of the reaction to freedom from restraint following release from the military and naval services, which was evidenced by the high percentage of irregular discharges among the younger veterans of World War II, particularly the tuberculous beneficiaries when hospitalized in our facilities after discharge from the armed forces. During the 17-month period ending June 30, 1942, over 67 percent of the first 300 discharges of World War II tuberculous veterans were against medical advice, absent without official permission or for disciplinary reasons. This was a matter of deep concern. An intensification of our intramural educational program was effected and a resurvey of our public health and social work procedures instituted. It has been our experience that, in those States where the local public health and welfare agencies are more efficiently organized and the cooperation of the Veterans' Administration facilities and these agencies more effectively applied, the handling of patients who interrupt their treatment while still open and communicable cases does not constitute a problem. The Veterans' Administration facilities systematically and immediately report persons found in the course of out-patient or hospital examinations to have tuberculosis, and persons discharged with active suberculosis in any form, to their own State health department for transmission to the appropriate county health department in the case of State residents and the appropriate State health department in the case of nonresidents.

Unfortunately, many States have indicated that not all of their county health departments are equipped to use these reports to advantage, that is, they do not have the personnel or funds to interpret to the members of the household their urgent need for physical examinations or to offer them such, nor can they maintain supervision of veterans discharged with active tuberculosis. Undoubtedly, in some areas the tuberculous veterans living at home are regarded as the responsibility of the Veterans' Administration solely. It should be remembered that veterans, whether their disabilities are service-connected or non-service-connected, are citizens of the community in which they are resident, and, as such, eligible and entitled to the same services from the public health department as other residents of the community. They should likewise be amenable to the same regulatory restrictions in communicable diseases as are applied to nonveterans by the local public health authorities. Similar measures to insure adherence to health regulations should be invoked with recalcitrant tuberculous veterans as with other citizens. Every effort should be expended to impress on the war disabled, suffering with active tuberculosis, the necessity

of continuing indicated medical treatment until maximum benefit has been attained.

Those hospitals where social workers have been assigned have been directed to supplement official reports with requests directed to local social and health agencies for the prompt examination of persons who may have been exposed to the disease and prompt medical and social supervision of patients who have been discharged with active tuberculosis, with a view to encouraging rehospitalization of the latter at the first opportunity.

Adequacy of the private social case work and health agencies of the home community to which the Veterans' Administration's social worker can turn, which are in a position to give prompt response and collaboration, also greatly facilitates the effective meeting of acute social problems when they threaten to force the patient to leave the hospital. Whatever can be done to strengthen such local agencies and whatever encouragement can be given those agencies to include veterans among the groups which they serve, will permit more effective service to hospitalized veterans by Veterans' Administration personnel.

The Army and the Navy are assisting materially and cooperating to the fullest extent with the Veterans' Administration in impressing the soldier or sailor with the seriousness of his tuberculous disease and the necessity for early definitive treatment. Medical officers of the military and naval services have been instructed by their respective Surgeons General to use the weeks pending separation from the service as a period of essential education to the soldier or sailor. The necessity for continued treatment in the Veterans' Administration facility on his transfer there after discharge from the service until a complete arrest of the disease is attained, is being impressed upon the discharged service man or woman.

The United States Public Health Service has rendered effective assistance and, at its recent conference of State health officers, presented the subject of the adequacy of reporting methods as it relates to tuberculous veterans as one of the major topics for discussion.

The American Legion has actively embarked upon an educational campaign among its own members and members of its Auxiliary, to engender an intelligent and sympathetic understanding on the part of ex-service men and women in the problems of the tuberculous veteran. Service officers of the Legion and interested workers of the American Legion Auxiliary receive instruction on tuberculosis and its control. The American Legion, early in its campaign, solicited the expert advice of the National Tuberculosis Association in formulating its program and in securing closer cooperation with State and local health authorities.

Other ex-service organizations and individuals interested in tuberculosis control have contributed their share in the awakening of an awareness to the need for concerted action. It is believed some results are discernible. During the 12-month period ending June 30, 1943, 1,311 World War II tuberculous veterans were discharged from all hospitals, 61 percent without the consent of the physician. During the fiscal year 1944, this irregular discharge rate had dropped to 52 percent of all discharges of World War II veterans and it has further declined until by the end of the calendar year 1944 (December 31, 1944), the irregular discharges among these veterans of World War II had fallen to 41 percent of all discharges.

The educational program actively under way in our facilities includes individual instruction; group teaching; radio talks; motion-picture demonstrations; display of posters; distribution of books and other material dealing with tuberculosis, written for patients; a question box with periodic answers by radio; round-table discussions; and the encouragement of the reading of pamphlets and leaflets from the National Tuberculosis Association, the United States Public Health Service and other organizations. The more popular methods are alternated with those less popular in a well-planned program so as to provide diversification and relieve the monotony of long continued and sometimes stereotyped routine programs which often become ineffective, notwithstanding a popular introduction. Informal talks to small groups of patients by the physician, participated in by the social worker, with encouragement of questions about the disease, its nature, course, and treatment, the meaning of the symptoms, the prevention of its spread and the bringing out of misconceptions about it harbored by the patients, have proven worth while. Visiting relatives have been invited to participate at some stations or separate talks are given them.

4. "Doctors so overloaded that they could give the average patient only 7 minutes' attention a week. Not 7 minutes a day, mind you—7 minutes a week!"

No two patients in a hospital require the same amount of daily attention by the physician attending his case. Many cases, particularly those who are seriously or critically ill, may occupy hours daily of the physician's time while the chronic case who is convalescing satisfactorily may require less than a minute of a physician's time during the day. A patient undergoing operative procedure under general or spinal anesthesia requires in our hospitals the time of not less than three physicians for from an hour to several hours depending on the nature and seriousness of the operation. Many hours a day are spent by physicians studying the X-ray and laboratory findings, reviewing temperature charts and the observation notations of nurses and auxiliary workers concerning the individual patient—time not spent in actual contact with the patient but decidedly in the interest of the patient and his condition in the clinics, laboratories, and wards of the hospital. Nor does Mr. Maisel seem to understand that a physician spends all of each 24 hours with or at the call of his patients. Or that even while shaving in the morning, sitting at meals, or attending church or the theater the symptomatology of his patients is constantly in his thoughts and he is subconsciously cataloging the diagnoses and outlining the treatment he proposes to follow. Contrary to the practice at some highly reputable civilian hospitals, the Veterans' Administration requires its physicians to see every patient at least once daily. There has been no change in this established practice and an analysis made at our tuberculosis hospitals in the last few weeks demonstrates that the physicians are averaging from 30 minutes to 2 hours weekly with each patient assigned to their care.

5. "Found nurses so negligent that they did not even bother to wash their hands after examining one patient with a contagious disease and before turning to another."

Perhaps this allegation can best be answered in the words of the manager of one of our facilities:

"He [Maisel] speaks of negligent nurses. Now, nurses being what they are—just human beings—I can conceive of some of them being as dumb as Mr. Maisel charges them with being, but I have never known such, nor do we have any of that kind at this facility. Of course, their efficiency varies, as does the efficiency in any other group of employees of a similar number. My observation, over a period of several years, convinces me that the Veterans' Administration has been particularly fortunate in obtaining the services of an unusually high type of nurses."

The allegation of Mr. Maisel is so fundamentally at variance with the training of a nurse and the necessity of these practices for her own protection that it warrants no serious consideration.

6. "A minority—devoted to their patients and doing their very best, but so overloaded with work and so hogtied by administrative restrictions that they freely confessed their best could not possibly be good enough."

Concerning administrative restrictions, it is admitted that the Veterans' Administration physician has to do far more paper work than the average physician in civilian hospitals, but there is for consideration the fact that every Veterans' Administration patient is not only a medical problem but is potentially at least a prospective beneficiary of monetary consideration through pension, compensation, insurance, etc., offered by the Veterans' Administration. For this reason reports and records are of necessity more comprehensive and more complete than those usually kept in nonveterans hospitals. All of our hospitals are surveyed by the American College of Surgeon for recognition by that college. All are recognized. There has been no indication from the surveys conducted by the college that the records maintained by the Veterans' Administration are too voluminous.

7. "Found many doctors who could hold no position in any well-run hospital: Cynical men who joked to me about their patients' miseries; incompetent men who rejected, offhand, every modern advance in medicine."

Let us examine the qualifications of the staffs of one of each of the three classes of hospitals; and since one with the knowledge of hospitals attained by Mr. Maisel might suggest that the staffs by the smaller hospitals are less qualified than those in the larger hospitals, we will choose the smaller hospitals.

Fort Bayard, N. Mex., 305-bed tuberculosis hospital:

"Lt. Col. A. G. Walker, Medical Corps, manager, graduate doctor of medicine, University of Colorado: Specialized in the treatment of tuberculosis in Government hospitals including United States Army hospitals, United States Public Health Service hospitals, and Veterans' Administration hospitals for the past 25 years, 20 of which have been as a hospital administrator.

"Lt. Col. W. C. Nalty, Medical Corps, clinical director: Is a graduate of Creighton University; is a fellow of the American College of Physicians. Has been a specialist in tuberculosis engaged in tuberculosis work exclusively for 16 years and has held the position of chief of medical service, and, or clinical director for the past 6 years.

"Maj. C. C. Keeler, Medical Corps, chief of surgical service: Is a fellow of the American College of Surgeons (for the past 15 years), and has been a surgeon performing major surgical operations for the past 25 years, in United States Army, United States Public Health Service, and Veterans' Administration hospitals for the past 28 years. Frequent post graduate work and visits to the Mayo Clinic at Rochester, Minn., have kept him abreast of all current surgical procedure.

"Maj. Harry Lazar, Medical Corps, chief, reception service: Is a graduate of Lewis Institute in Chicago, Ill., with a bachelor of science degree; University of Illinois School of Medicine. He held an internship in Cook County Hospital, Chicago, Ill., and since completion of his internship has been on duty as a medical officer in the United States Army assigned to duty in the Civilian Conservation Corps and the Veterans' Administration.

"Maj. Joseph Zausner, Medical Corps, pathologist: Is a graduate of the University of Vienna Medical School, 1936. Had a residency at New York City Cancer Institute and hospital and Brooklyn Cancer Institute; 2 years' internship in surgery, United States Public Health Service hospital; 2 years rotating internship at United States Penitentiary Hospital, Atlanta, Ga., and 2 years assistant surgeon in charge of general medicine at the United States Penitentiary Hospital, Atlanta, Ga.

"Capt. William H. Crays, Medical Corps, chief of tuberculosis service and roentgenologist: Is a graduate of the University of Indiana, 1936; internship, Baltimore Marine Hospital (U. S. Public Health Service); resident physician, Indiana State Sanatorium. Has done tuberculosis work as a specialist in tuberculosis since that time, except for 1 year at which time he had a recognized residency in radiology under the auspices of the Veterans' Administration.

"Capt. Henry L. Dorfmann, Medical Corps: Is a graduate of the University of Edinburgh, Scotland; served internships at Harlem and Broad Street Hospitals, New York City; resident pathologist at Sea View Hospital; also resident in chest diseases at that hospital, then did private practice until time of entry into the United States Army, during which time he was associate physician in charge of chest at Stuyvesant Polyclinic Hospital, New York City; chief of the tuberculosis clinic at Gouverneur Hospital; clinical assistant visiting in chest at Mount Sinai Hospital, New York City, and a member of the thoracic group at that hospital, as well as consultant physician in diseases of the chest at Manhattan General Hospital and also held the rank of attending physician at that hospital with his own service. Also served on the staff of Sea View Hospital as associate attending physician and a member of the New York City Board of Health in charge of pneumothorax therapy. He is a fellow of the American College of Chest Physicians and a fellow of the Trudeau Society and was rated by the New York State Compensation Board as specialist in tuberculosis.

"Capt. Harold Klein, Medical Corps, neuropsychiatrist: He is a diplomate of National Board of Medical Examiners and a fellow of the Psychiatric Association. He is a graduate of the University of Edinburgh, Scotland, and prior to entry on duty in the Veterans' Administration, between the years of 1937 and 1941, had training in various internships and residencies in pediatrics and communicable diseases.

"Capt. George L. Marbry, Medical Corps, eye, ear, nose, and throat specialist: He is a graduate of the University of Wisconsin, bachelor of arts degree in 1937 and doctor of medicine in 1939; had 1 year's internship at the University of Wisconsin. He is a member of the American Medical Association and Wisconsin Medical Association. He was engaged in general practice of medicine for 2 years and had special training in eye, ear, nose, and throat work—ophthalmology and otolaryngology, under the auspices of the Veterans' Administration.

"First Lt. Gerhard S. Wickler, Medical Corps: He is a graduate of the medical faculty of the University of Berlin; served an internship of 1 year. After that held positions as a resident physician, senior resident, and assistant director in various hospitals in Germany devoted to specialized training in gynecology and obstetrics. For 4 years held a position as a resident of the Jewish Consumptive's Relief Society, during which time a thorough familiarization with the diseases of the chest, especially tuberculosis, was achieved; also, the technique of pneumothorax treatment, aspirations, etc. After this and until induction into the Army Medical Corps, time was spent in practice of general medicine.

"Capt. Albert Morene, Dental Corps, chief dental officer: He is a graduate of the North Pacific Dental College with degree of doctor of dental medicine, 1923. Was in the private practice of dentistry from 1924 to 1934. Since 1935 he has been on duty in Veterans' Administration facilities."

White River Junction, Vt., 188-bed general medical and surgical hospital:

"The chief medical officer was in the United States Public Health Service at the beginning of World War I and has been in the Veterans' Administration or some of its predecessors ever since. He was for many years chief of the medical service at the Bronx, and, according to my information, is thoroughly qualified medically, and from my own personal observation is a tireless worker and constantly interested in the welfare and treatment of the patients in this hospital. The chief of the surgical service, Maj. Philip Cooper, is a fellow in the American College of Surgeons. Maj. Harry Warshawsky, chief of the medical service, has a certificate from the American Board of Internal Medicine, is an associate in the American Medical Association. Maj. Leo Birnbaum, chief of the out-patient and reception service, is a diplomate in psychiatry of the American Board of Neurology and Psychiatry. Capt. Jonas Weissberg, who is in the medical service and also is the pathologist and roentgenologist, is a diplomate of the American Board of Internal Medicine and cardiovascular disease. He is also a fellow in the American Medical Association."

Canandaigua, N. Y., 1435-bed neuropsychiatric hospital:

"Capt. A. P. Constantine, Medical Corps. Holds master of arts and doctor of medicine degrees, has a license to practice medicine and surgery in Texas and New York. Member of county and State medical societies as well as a member of the American Medical Association; is certified as a qualified psychiatrist and is a member of American Psychiatric Association. Held membership in the Colorado Neurological Society, the American Soviet Medical Society, and the American Association for Advancement of Science. Has served over 3 years in large mental hospitals, 2 years of which in a New York State hospital, which is approved by the American Medical Association for training in psychiatry, in addition to a year of rotating internship; also served on the staff of Neurological Institute, Vanderbilt Clinic, Columbia-Presbyterian Medical Center, New York. Was in charge of a large service of about 600 patients, administered electro-shock therapy and other forms of therapies, and served on a child guidance clinic."

"Donald F. Mueller, M.D.: Bachelor of Arts degree, University of Iowa, 1932; doctor of medicine degree, University of Iowa, 1936; licensed to practice medicine in State of Iowa, 1937; rotating internship for 12 months, 1936-37. St. Francis Hospital, Evanston, Ill.; house physician, St. Francis Hospital, Freeport, Ill., 1937-38; resident physician, Decatur and Macon County Hospital, Decatur, Ill., mixed residency, 10 months; assistant to general practitioner in Iowa for 9 months; staff physician, Fort Wayne State School, Fort Wayne, Ind., November 1939 to January 1941; commissioned in Indiana National Guard, December 1940; postgraduate instruction in obstetrics, Chicago Maternity Center, Chicago, Ill., January to May 1942."

"Capt. Frederick S. Panno, Medical Corps: Received moderate training in tuberculosis under the supervision of expert authorities, and received the degree of doctor in medicine and surgery at the Royal University of Naples; interned at the International Medical Center, New York City; completed an 18 months' rotating internship at the Columbus Hospital in New York City and following that became an assistant clinic physician; later resident at the New York City Farm Colony Hospital and later contract surgeon for the Civilian Conservation Corps, stationed in Louisiana; trained at Veterans' Administration, Aspinwall, Pa., part of which time was spent on tuberculosis ward, at the end of the training period was sent to Veterans' Administration, Bedford, Mass., where he remained 9 months under the supervision of well trained psychiatrists; transferred to Veterans' Administration, Canandaigua, N. Y., in 1942."

"Capt. B. Bobowec, Medical Corps: Graduated from the Loyola University School of Medicine, Chicago, Ill., and then served a rotating internship at the Walter Reed General Hospital in Washington, D. C.; following this worked as a resident physician in a southern hospital for 2 years and then accepted a position as a physician in a State mental institution and in conjunction with this position gave time as clinical instructor in psychiatry and neurology at the Medical College of Virginia, Richmond, Va. In the summer of 1942 became associated with the Veterans' Administration."

"First Lt. Julius Cinder, Medical Corps: Graduate of the University of Texas with a bachelor of arts, graduating summa cum laude; following this attended

the Anderson College of Medicine, Glasgow, Scotland, and received the equivalent to the doctor of medicine degree; passed the State Board examination of New York State and served a rotating general internship at the Morrisania General Hospital of New York City for 15 months; thereafter entered private practice of medicine and attended a postgraduate course in allergy at Stuyvesant Polyclinic and Gouverneur Hospital; was a member of the medical staff of Gouverneur Hospital in clinical allergy, also a member of the associated allergy clinics of Greater New York; subsequently entered the Veterans' Administration and was given a course of training at the facility in Pittsburgh.

"First Lt. Samuel Wolfe Doskof, Medical Corps: University of Alabama, bachelor of arts; University of Geneva, Switzerland, doctor of medicine, ranked second in class; received license to practice medicine and surgery in New York State in 1935; rotating general internship at Meadowbrook Hospital, Hempstead, Long Island; resident in pathology at Meadowbrook Hospital, Hempstead, Long Island, autopsy and cancer work stressed in association with members of staff of Memorial Hospital, New York City; private practice for 7 years; assistant physician in allergy at Queens General Hospital, Jamaica, Long Island; member of staff at Queens General Hospital, Parsons Hospital, and entered Army on December 26, 1944.

"First Lt. M. Zelman, Medical Corps: Johns Hopkins University, College of Arts and Science, Baltimore, Md., bachelor of arts degree; New York Medical College, Flower-Fifth Avenue Hospital, New York, N. Y., doctor of medicine degree; rotating internship Harlem Hospital, New York, N. Y.; surgical residency Michael Reese Hospital, Chicago, Ill.; surgical residency Mount Sinai Hospital, Cleveland, Ohio; surgical residency Beth El Hospital, Brooklyn, N. Y."

These staffs are representative of the physicians in the various Veterans' Administration hospitals. At a later date the qualifications of every physician assigned to the medical and hospital service of the Veterans' Administration will be made available to the committee.

8. "Seen desperately sick veterans served food so cold that it would be indignantly rejected in the worst Bowery flophouse."

Mr Maisel in his article made some comment about the food at the Castle Point facility and it is assumed that he is basing his opinion principally on observations made on a visit to that station. I have previously brought to your attention the menu at the Castle Point facility on the date of Mr. Maisel's visit; also the report of Dr. Pattison, who visited this facility on March 9, 1945. The total patient census of the Castle Point facility on March 17, 1945, was 632. Every patient in the hospital on that date was contacted by the manager and requested to submit any complaints concerning the food or treatment being received. Of this number about 5 percent indicated that either the temperature of the food, character of the menu, or the method of preparation was not to their liking.

Continuous effort has been made over a period of months to overcome any possible complaint of lukewarm or cold food at Castle Point. At the time the subsistence supervisor from central office visited the station, when the centralized tray service was instituted, she made various suggestions that have been quite rigidly adhered to. The tray carts are heated for 45 minutes prior to the insertion of the set-up tray. At her suggestion small amounts of meat and vegetables are placed in the serving units at one time. The remainder of the meat and vegetables is kept hot on the ranges. As the meat and vegetables in the serving units are depleted by the setting up of the trays additional small amounts are placed in the serving units from the heated vegetables and meats on the ranges. The time consumed in setting up the trays and placing the heated aluminum covers over the plates is very small and the heated tray is placed in the heated conveyor. In timing the length of time consumed in the main kitchen in setting up all trays for delivery to all wards it is found that the time varies from 45 minutes to 1 hour depending on the type of meals served and the number of different articles that are placed on the tray. As of March 17, 1945, 414 patients are fed by tray service, which would mean that the rate of delivery of trays from the serving line to the tray carriers should vary from 6.7 to 9.4 per minute. The heated conveyors are immediately taken to the wards and the trays delivered to the patients.

At the time Mr. Maisel visited Castle Point conditions in the dietetic department were not satisfactory, however, the unsatisfactory conditions at Castle Point at that time did not obtain through Veterans' Administration facilities. This subject will be dealt with more fully later on.

9. "Seen these same veterans charged unconscionably high prices by racketeering concessionaires, permitted to operate within the hospitals by complacent superintendents."

At the majority of our hospitals there is a patient's supply store or canteen operated by a private concessionaire on contract for the space used. Prices for all articles are posted and approved by the manager of the individual facility. These concessions are subject to the price ceilings of the Office of Price Administration and none are in excess of these ceiling prices. There have been and still are some individuals who complain from time to time about the prices charged for certain articles and some patients have claimed that they are excessive. However, the concessionaire is not always able to compete with chain-store prices on certain articles at certain times yet prices compare favorably with those charged in individually owned stores in the locality and in many instances the prices charged for articles are below those charged in local stores.

It is assumed Mr. Maisel's allegations concerning concessions are wholly founded upon conditions he found at Castle Point. At that time the Veterans' Administration had experienced difficulty with the operation of the station canteen and had been unable to negotiate a contract with a satisfactory person for operation of the canteen. The manager reported on May 8, 1944, that they had experienced considerable trouble in the operation of the canteen; that many complaints had been received from patients and organizations and as a result of these complaints he appointed a board of investigation to make a thorough unbiased inquiry into conditions in the canteen; that the board appointed found that strict sanitation had not been maintained in the canteen and that a reasonable effort had not been made to protect food from contamination; that the place, particularly the kitchen and appurtenances, were in an unsatisfactory condition and these conditions had been brought to the attention of the concessionaire on several occasions by the manager and that in view of the findings of the board he recommended immediate cancellation of the contract. A central office investigation was conducted. It disclosed that the operation of the canteen had been very unsatisfactory and that the concessionaire was not a desirable person to operate it. Following the investigation more trouble was experienced in finding persons interested in bidding for the contract and about this time it was decided to recondition the space used for the concession and this further delayed making a contract. However, on completion of the reconditioning of this space a satisfactory contract was made with Mr. George Alley and, according to the manager's reports, there have been no complaints concerning the operation of the canteen since the contract was awarded to Mr. Alley.

10. "Seen men denied surgery they needed, denied modern treatments that could have cured them, and even sneered at by officials for presuming to ask for these things."

The charge that patients are denied surgical and other treatments that they need is one which should be further explained by the author of the article. So far as is known no patient has been denied surgery or other treatment that, in the opinion of the medical staff, should be instituted. Occasionally a patient is desirous of obtaining surgical treatment which, in the opinion of the physicians and surgeon, is contraindicated in his case. This is especially true among general cases who are requesting surgical interference in gastrointestinal conditions of purely functional origin and in occasional nose and throat cases. It is certainly a function of the physicians and surgeons to decide on the necessity of operations and it is extremely injudicious to perform an operation simply because a patient thinks he would like to have one performed. No patient is qualified to make such a decision for himself. It is fully a matter for the decision of qualified medical personnel. It is our experience that instead of being denied surgical treatment many patients refuse to submit to surgical treatment which is recommended and definitely indicated.

At this time it might be well to point out to the committee that with the case of patient Collier at the Castle Point Facility where surgery was considered for unilateral far advanced pulmonary tuberculosis, in mind, a pneumonectomy or lobectomy is a serious surgical operation requiring the skill of a thoracic surgeon of many years' experience. The indications for these operations in tuberculosis are specific and few, and for determination require a careful study of serial chest X-ray films. If there is any spread of the tuberculosis to the other side the operation is contraindicated for the essential purpose of the pneumonectomy or lobectomy is not met, i. e., removal of the infected lung before there is a spread to the contralateral side.

11. "Gone to the other side of a town and entered a State or county hospital just as tied down by Government restrictions, just as hard up under a labor

shortage. Yet in these places, run at far lower cost, I have found real doctors practicing real medicine. I have found lower death rates, higher cure rates and smiling, hopeful, happy patients."

I hope this committee will seek evidence beyond my testimony on this subject by visiting as many Veterans' Administration hospitals and State, county, and municipal hospitals as necessary in order to compare the service of the latter with the former. I do not propose to criticize the excellent service being rendered in any State, county, or municipal hospital. I merely want to point out to you that frequently they all do not have the facilities nor the funds to render the treatment that the Veterans' Administration can give. If you will again refer to the table on Comparative analysis of miscellaneous data of new Federal tuberculosis hospitals, and tuberculosis hospitals of the Veterans' Administration, which I introduced into the record some minutes ago you will note that several county and State hospitals which Mr. Maisel stated were practicing first-class medicine appear on that chart. I refer particularly to the Worcester County Sanatorium, Massachusetts; the Jefferson County Sanatorium at Beaumont, Tex.; Glen Lake in Minnesota and the New York group of hospitals. Compare, if you will, the death rates, the ratio of personnel to patients, the raw food per diem costs and the ultimate treatment results of the tuberculosis hospitals listed, which are fairly representative of the entire country, with Veterans' Administration hospitals and I believe your critical analysis will show that our hospitals compare favorably with the county, State, and municipal hospitals on the other side of town.

14 to 20. "That the last published report of the Veterans' Administration showed over 10,000 men treated for tuberculosis and discharged from the hospitals during the fiscal year, but only 233 discharged as arrested cases, 2.3 percent—less than 1 arrest achieved out of every 43. That State hospitals achieved an arrested condition in 25.6 percent of all the patients they discharged—more than 11 times that of the Veterans' Administration.

"That of all veterans treated for tuberculosis by the Veterans' Administration only 3.67 percent are discharged as quiescent, apparently arrested, or arrested, but that New York State hospitals discharged 48.1 percent in these classifications—14 times the record of the Veterans' Administration, and Worcester County Sanatorium, Massachusetts, brings 51.7 percent of its patients into the quiescent stage or better.

"That for the last recorded fiscal year, 1913, a total of 1,117 patients completed treatment and were discharged alive; nearly 200 of these were discharged as unimproved and 1,922 died in these hospitals of TB.

"That in the event a man completes treatment the chances are nearly 2 to 1 that he will be carried out in a coffin.

"That the condition recited above is no war-created situation, actually the Veterans' Administration has been 'achieving' this record year after year for two decades and the record is worse than the figures quoted.

"That of the total included more than 50 percent never complete treatment at all, they leave against medical advice or absent without leave."

Here again Mr. Maisel either through ignorance of tuberculosis statistics or because of ill-advised coaching by an inept statistician, juggled Veterans' Administration data so as to make it read what he would have it prove. In citing data he failed to point out—

1. The relative importance and influence of certain variables should be borne in mind when one evaluates immediate sanatorium results and hospital mortality rates.

2. Numerous sanatoria admit only persons of certain ages, color, races, and economic status. Frequently they limit their admissions to individuals suffering with minimal lesions of the disease. A few retain patients for a specified and limited time only. Nor have uniform diagnostic standards and classification of the disease in various stages and clinical status been universally adopted by various sanatoria through the country. In those sanatoria that accept patients as they come—in which class the Veterans' Administration tuberculosis facilities unreservedly fall—it is a fact well recognized by most phthisiologists that approximately 25 percent of the cases admitted are so far advanced that they are beyond help and die while under treatment.

3. The comparison of immediate results of two institutions is hazardous. The comparative method is always liable to errors, because to obtain satisfactory results one should be able to contrast as in an experiment, two or more sets of figures which resemble each other in all or some of the essential

points; and which only differ on that one point with which the formulation of the question has to deal. In the case of sanatorium treatment, the circumstances are particularly complicated because the patients in sanatoria are always a carefully selected group and it is practically impossible to make the same selection of patients for two comparative groups.

4. The psychology of the disabled ex-serviceman is so different from that of individuals, not so disabled, conclusions about the result of treatment in our tuberculosis hospitals are not believed to be comparable with the results of similar work with civilians.

5. The proportion of deaths occurring in sanatoria is closely tied up with the type of patients admitted and with the stage of disease of patients admitted with pulmonary tuberculosis.

6. For the 12-month period, October 1, 1941, to September 30, 1942, inclusive, which is the period Mr. Maisel is covering, there were 7,701 admissions of tuberculous patients to our 13 tuberculosis hospitals. Of this number, 5,477 or 71.1 percent were far advanced, 1,782 or 23.2 percent moderately advanced and but 442 or 5.7 percent were in the minimal stage of the disease, and that the average age of the almost exclusively male admissions was almost 50.

7. According to Bogen, the death risk for moderately advanced cases is about 3 times that of the minimal cases, while that for the far-advanced cases is nearer 10 times that figure.

8. Deaths in our tuberculosis hospitals have been kept at a low rate of occurrence in spite of an increasing number of older patients under treatment, a rising number of patients admitted with far-advanced tuberculosis and the introduction of surgical procedures involving operative risks.

9. The mortality rates are lower and the clinical results better in female patients in the later age groups than among male patients, after age 25.

10. The Veterans' Administration during the fiscal year 1942 and for some time prior to that year were treating almost exclusively male patients in the age group over 40 years.

21. "In 1942—according to the written admission of Dr. Charles M. Griffith, Medical Director of the Veterans' Administration—1,120 World War I veterans died in Veterans' Hospitals and 1,203 died outside, 'while in receipt of compensation or pension on account of tuberculosis'."

On December 31, 1944, 51,105 World War I veterans were receiving compensation for service-connected tuberculosis. Of these cases of service-connected tuberculosis, 85 percent were in the arrested stage of the disease. In addition, 9,868 World War I veterans were receiving total permanent pension for non-service-connected tuberculosis and 178 World War I veterans were drawing emergency officers' retirement pay for tuberculosis. The total of veterans of World War I on the pension, compensation, and retirement rolls for tuberculosis was 61,151. About 5 percent of these were hospitalized on December 31, 1944. It may be well to state that the Medical Director, in the communication to which Mr. Maisel refers, indicated that 1,203 veterans in receipt of compensation on account of tuberculosis died outside of veterans hospitals. It was not stated in that communication nor was it the intension of the Medical Director to imply that these 1,203 veterans who died in 1942 while in receipt of compensation on account of tuberculosis died of tuberculosis. Certainly, 85 percent of these veterans who died outside of the hospital had arrested pulmonary tuberculosis and no active manifestation of the disease. Death in a vast majority of these 1,203 cases were due to accidents and natural causes other than tuberculosis, such as heart disease, malignancy, and certain degenerative diseases.

For the information of the committee, I desire to introduce into the record certain tables indicating the normal death rate for tuberculosis by age groups. Table No. 1 represents the number of tuberculosis patients remaining in the hospital on June 30, 1942, and 1943, with the admissions and deaths for those respective years. Table No. 2 represents the comparative expected tuberculosis deaths of World War I veterans for 1942 and 1943 and 1943-44. Table No. 3 gives the death rates per 100,000 estimated population by age for 1942 for all causes and pulmonary tuberculosis. Table No. 4 outlines the death rates for tuberculosis per 100,000 estimated population for all ages at 5-year periods from 1900 to 1940 and the years 1941 and 1942. Table No. 5 is a graphic representation of the mortality from tuberculosis rates per 1,000 in 1942 by age groups.

22. "The fact that nearly 60 percent of all the patients in the veterans TB hospitals 'run-away' has long been recognized as a sign that things are desperately wrong in these hospitals."

This allegation was discussed in answer to allegations 2 and 3.

"The first reason for the high rate of 'run-aways' is simple overcrowding."

Some months ago a consolidation of the salient data submitted by the individual tuberculosis hospitals covering a 30-day period, summarizing the causes for patients leaving the hospital against medical advice and absent without leave was made. They are listed below for ready reference:

Stated reasons for irregular discharges

(1) Disliked restricted or hospital routine.....	7
(2) Desired to go home and refused a pass on account of physical condition.....	7
(3) Did not desire hospitalization—transferred to Veterans' Administration by Army.....	3
(4) To evade disciplinary action (AWOL).....	9
(5) Illness in family.....	6
(6) Personal reasons—not divulged, or no apparent reason.....	6
(7) Not contacted or unknown (AWOL cases).....	66
(8) Preferred to be at home or believed they would do as well at home.....	28
(9) Circumstances at home demanded their presence.....	7
(10) Denied or restricted morphine.....	2
(11) To get married or contemplating matrimony.....	2
(12) Business reasons.....	2
(13) Failed to return from leave (dropped AWOL).....	6
(14) Homesick.....	7
(15) Believed they were able to return to work.....	5
(16) Chronic alcoholism (AWOL).....	7
(17) Negative sputa, approaching arrest (AWOL).....	4
(18) Take treatment at home, consult private physician or other hospital.....	10
(19) Desired change in climate.....	7
(20) Objected to reduction in pension while in hospital.....	1
(21) Denied bed baths (ambulatory, ward dining room case).....	1
(22) Denied pass to take treatment from chiropractor.....	1
(23) Discharged for disciplinary reasons.....	3
(24) Refused to accept thoracic surgery.....	1

Reasons stated by patients presently hospitalized for self-interruption of continuous treatment during previous hospitalization

(1) Desired to be at home with their families, or for summer months.....	37
(2) Chronic alcoholism (a. w. o. l.).....	8
(3) Did not like hospital restrictions, discipline, or routine.....	51
(4) Failed to return from leave.....	7
(5) Dissatisfied with treatment received.....	6
(6) Objected to cut in compensation to \$8 or \$20 while in hospital.....	21
(7) Illness in family.....	15
(8) Home conditions, business, domestic, financial.....	46
(9) A. w. o. l. not contacted.....	8
(10) Desired change of climate or environment.....	18
(11) Nervousness, indefinite, homesick.....	12
(12) Desired to try treatment at home after 1 to 5 years in hospital.....	29
(13) Believed they were able to go to work.....	11
(14) Stated they were encouraged to go a. w. o. l. instead of signing out against medical advice.....	5
(15) Denied a pass.....	3
(16) Refused special treatment; preferred treatment by private physician.....	5
(17) Felt too well to remain in hospital.....	15
(18) To avoid disciplinary board.....	8
(19) Difficulty with another patient.....	1
(20) Did not believe he had pulmonary tuberculosis.....	1
(21) Denied maximum hospital benefit discharge.....	1
(22) Patient in same room snored.....	1
(23) Disciplinary reasons.....	3

I might add that overcrowding is not one or has it ever been one of the conditions why patients leave the hospitals.

24. "That at the Castle Point, N. Y., facility there were 582 patients on October 3, 1944, yet Castle Point was built for 479 patients."

You will remember that Mr. Maisel visited Castle Point at the time the alteration project was under way and when it was necessary to assign more than the usual number of patients to a ward in order to progressively vacate certain areas to permit remodeling. This was merely a temporary expedient in order to minimize the interference to the patients by construction operations, and crowding was held to a minimum. This temporary condition existing at Castle Point during the construction operations would have been misleading to a visitor unless he familiarized himself with all conditions surrounding the crowding of the wards.

Comparison of the prints of the building as originally used and as now existing since completion of the alteration project shows that the building is better arranged for the comfort and treatment of the patients. Under the original plan the rooms in which the extremely ill patients were assigned were scattered throughout the entire floor, in many instances leaving the patients exposed to the heavy traffic, noise, and confusion in the corridors. Under the revised plan segregation of the patients has been arranged so that the most seriously ill or terminal patients are out of the line of traffic, being located on either end of the building, therefore being exposed to the minimum of noise and confusion. Also, the abolishing of the serving kitchen, together with its resultant noise and provision of a nourishment kitchen in another location made it possible to minimize noise in the ward. The nourishment kitchens are confined to the center of the building, removed from the bed patients. Prior to alterations the bed capacity at Castle Point was 479 beds and by the alterations it was possible to provide 625 beds, which is the established bed capacity for this station. Day rooms are provided on every floor similar to those now incorporated in new construction.

25. "That in county and State hospitals he visited he found physicians carrying nothing like the amazing burden of cases heaped upon some veterans' M. D.'s; that at Minneapolis the county sanatorium, Glen Lake, had 451 patients, 11 physicians, 1 to 41 patients, but in the same county on the same day the veterans' facility could spare only 3 doctors for 179 patients in the TB pavilion."

A comparison of the tuberculosis service at the Minneapolis facility with the Glen Lake Sanatorium in April 1945 indicates the bed capacity of the former to be 199 with 192 patients cared for by 3 full-time physicians, 15 graduate nurses, and 29 attendants; the bed capacity of the latter (Glen Lake Sanatorium) to be 634, with 497 patients cared for by 9 full-time physicians (excluding the director), 35 graduate nurses, and 52 practical nurses, nurses' aides, and attendants. On the basis of 9 full-time physicians the number of patients averages 55 at Glen Lake as against an average of about 63 per physician in the Minneapolis facility; the services of the specialists in the general medical and surgical side of the Minneapolis facility care for the specialistic work, other than tuberculosis required for the patients; the number of graduate nurses at Glen Lake averages 1 to 14 patients, while the graduate nurses assigned to the tuberculosis service at the Minneapolis facility averages 1 to 13.2 patients, practical nurses, nurses' aides and attendants at Glen Lake average 1 to 9.5 patients, and the ratio of attendants to patients at Minneapolis facility was 1 to 6.6.

26. "That the Minneapolis facility TB service was shockingly bad, even by Veterans' Administration standards, and out of 125 discharges in the first 7 months of 1944, 28 left the hospital in coffins and only 27 achieved "maximum hospital benefit"; that 70 men went out "against medical advice" or "awol," and 78 percent of the men treated for TB achieved no benefit, but at Glen Lake Sanatorium three-quarters of all patients achieved a rating of "improved" or better, and discharge "against medical advice" accounted for less than 3 percent of all discharges."

During the year Glen Lake discharged 381 patients and 114 died. Of the 361 discharged, 70 were against medical advice, 3 disciplinary, and 27 absent without permission, totaling 100 such cases, which represents 27 percent (not 3, as stated by Mr. Maisel). There were 538 patients on January 1, 1943, and 429 admissions, making a total of 967 patients treated through the year 1944. The 114 deaths represent about 12 percent of the patients treated. The tuberculosis deaths at the Minneapolis Facility in 1944 represented about 11 percent of the total tuberculosis patients treated.

Of the 381 discharged alive at Glen Lake, 175 recommended for discharge representing 33 inactive, 101 arrested, 3 apparently arrested, 12 quiescent, 1 improved, 1 unimproved, and 24 nontuberculous. Fifty-eight were discharged with

the acquiescence of the hospital, representing 6 inactive, 13 arrested, 8 apparently arrested, 17 quiescent, 10 improved, 3 unimproved, and 1 nontuberculous. Combining the inactive, arrested, and apparently arrested cases recommended for discharge by the hospital we find a total of 137 of the 381 patients discharged, or 27 percent thereof which would be placed in the arrested classification according to our method of discharge. Fifty-seven of those whose discharge was acquiesced in by the hospital and 14 of those recommended for discharge as quiescent improved and unimproved would be added to the total of cases discharged against medical advice and thus bring the total patients at Glen Lake discharged against medical advice, absent without permission, etc., to 171, representing 44.9 percent of the total discharges, if their method of classification was the same as ours. In other words we carry under disciplinary, all against medical advice, absent without permission, and misconduct, and under against medical advice all cases other than arrested. The Glen Lake Sanatorium discharges patients at their own request when not arrested, but does not put them under the against-medical-advice classification in all instances.

27. "That Col. Roy A. Wolford, Assistant Medical Director of the Veterans' Administration in charge of all tuberculosis hospitals, boasted to him that he had 'more tuberculosis specialists under a single control than any other outfit in the United States'; that these specialists come to them as general practitioners and are given a 4-months' orientation course at one of the facilities."

About 6 months ago Mr. Maisel interviewed me in my office in the Veterans' Administration Building. He indicated that he was interested in the tuberculosis problem and would appreciate some data on the tuberculosis hospitals. During the conversation he was informed of the approximate number of tuberculosis specialists assigned to the Veterans' Administration, and in answering some of his questions regarding the procedure for obtaining new physicians for the Veterans' Administration, he was advised that young physicians who were graduates of class A schools and had 1 year's internship were selected from the civil-service register for appointment as associate physicians in the Veterans' Administration. On appointment, these associate physicians were given a 4-month's orientation course in one of our facilities before being permanently assigned to the Veterans' Administration. There was nothing in our conversation to indicate that these physicians were any more than associate physicians who work under the supervision of trained ward physicians and specialists in tuberculosis.

At least 5 years of specialistic training in tuberculosis is necessary before a physician in the Veterans' Administration can be considered for promotion to a specialist in tuberculosis. The table of organization for our tuberculosis hospitals provides for an appropriate number of the physicians as specialists in tuberculosis. Other specialists such as eye, ear, nose, and throat, roentgenology, and neuropsychiatry are also assigned. In addition, there is a number of the younger physicians included on the staff of each hospital who are undergoing training in tuberculosis under these specialists.

28. "The vast majority of the physicians he interviewed were tired or cynical men whose only goal seemed to be to finish the day's work and get home."

With approximately 2,000 physicians in the Veterans' Administration, it would be unusual if we did not have a few physicians such as described by Mr. Maisel. However, without more specific information identifying the physicians to which he refers, we can neither affirm or deny that he would meet a few of this type. As Assistant Medical Director in charge of the tuberculosis hospitals, I know from my own personal knowledge that the conditions spoken of by Mr. Maisel relative to the attitude of physicians do not generally prevail in tuberculosis hospitals.

At the Castle Point facility, which Mr. Maisel visited, there are on duty four physicians who have had over 10 years' experience in the treatment of tuberculosis; 6 physicians who have had from 5 to 10 years' experience; 6 physicians who have had from 1 to 5 years' experience; and 2 physicians who have had less than 1 year's experience in tuberculosis. The clinical director has had over 11 years' experience in treating tuberculosis, and the manager has had 9 years.

29. "That Lt. Marie Stevens, a former Army nurse and a patient in the woman veterans' ward at Castle Point, said 'How can I hope to be cured by a doctor who is so afraid of catching TB, that he only stethoscopes the backs of patients for fear that, if he stethoscoped their chests, they might breathe on him?'"

It is true there are some physicians practicing medicine who are fearful of tuberculosis. This may be due to the fact that they are not interested in tuberculosis and therefore do not know the statistical incidence of new cases of tuberculosis among the personnel in tuberculosis sanitoriums. Actually, so far as physi-

cians and nurses are concerned, the chances of contracting tuberculosis are less in tuberculosis hospitals than they are in general medical and surgical, and, particularly, neuropsychiatric hospitals.

The allegation made by Miss Stevens is found to be true. It was discovered by the clinical director at Castle Point that Captain Frankenthaler was making bedside examinations and was confining his examination to the posterior chest. An order was immediately issued to all physicians under date of October 25, 1944, which read as follows:

"It has been called to my attention that some members of the medical staff have been conducting their bimonthly chest examinations and yearly physical examinations at the patients' bedside. This practice will be discontinued in the case of all patients who are capable of proceeding to the physician's office. All patients will be examined in the physician's office with the exception of such patients who may be seriously or critically ill. Another exception will be in the case of a patient who has had a recent hemorrhage. There may be patients who are not on the serious or critically ill list who nevertheless would be capable of proceeding to the physician's office in a wheel chair. These patients will also be examined in the physician's office.

"It has also been called to my attention that in some instances physicians are listening to the posterior chest only—in other words, conducting a physical examination of the posterior chest and then writing a complete chest examination. This practice will be discontinued and in the future the anterior and posterior chest will be examined thoroughly. As the time arises for the yearly complete physical, such an examination will also be conducted in the physician's office. In the future this examination will also include a rectal examination. Finger cots may be requisitioned from the supply department."

Captain Frankenthaler was recently transferred from the tuberculosis hospital at Castle Point to the Veterans' Administration facility, Mountain Home, Tenn., a general medical and surgical hospital.

30. "That only 1,968 chest operations were performed in a year for 10,718 patients treated, only 18.4 percent of the patients received any chest surgery whatever; that of these operations, 1,395 were the simplest operation of all—induced pneumothorax, which leaves only 573 patients treated by chest surgery other than pneumothorax; that New York State, with fewer than a quarter as many patients, actually gave its patients 335 more operations than the entire veterans' tuberculosis hospital system."

Mr. Maisel implies that all that is necessary to "cure" tuberculosis is to institute collapse therapy. If he believes that, then he was not very observant when he attended the collapse-therapy conference at Sunmount. Before he voices his opinion so positively he should study the able statistical analysis made by Drolet, of the New York Tuberculosis and Health Association, on the results obtained in tuberculosis before the general application of surgical collapse therapy, and as recently as the 5-year period 1937 to 1941, inclusive, when collapse therapy had been extensively used by most tuberculosis hospitals: He should know, too, that many of the private, county, State, and municipal tuberculosis hospitals, particularly those in New York City, are becoming more conservative in the use of collapse therapy.

That the percentage of cases treated by collapse therapy in the Veterans' Administration facilities in 1942—the year which the figures he is quoting represent, and, incidentally, these figures cover the total individual patients treated and not the total of operations performed, as he would have you believe—was not as high as in other institutions is attributable to the nature of the disease in the particular sex and age group then under treatment in our hospitals. This is borne out by the fact that for 1944, after an appreciable number of the younger World War II veterans had been admitted to our hospitals, the percentage of all patients under treatment who were receiving collapse therapy had risen to 30 percent, with almost 46 percent of the World War II patients having surgical collapse therapy as a part of their treatment. As the case load of the younger World War II veterans increases and the older World War I group decreases the percent of patients treated by surgical collapse therapy will continue to rise. At one tuberculosis hospital this rate is now 43 percent, and at three others it has reached 38 percent of the total cases treated.

All patients admitted to tuberculosis hospitals for treatment are considered by a board of surgical collapse therapy consisting of either the clinical director or chief of the medical service as chairman, the chief of the surgical service, the roentgenologist, the physician in charge of pneumothorax therapy, and the ward physician, immediately upon completion of initial examination. A deter-

mination is made at that time as to the advisability of instituting any form of chest surgery. Those not considered suitable at the time of the first consultation are reconsidered from time to time, usually at 3-month intervals or oftener if deemed advisable by either the ward physician, the chief of service, or the clinical director.

Unfortunately, quite a number of patients who have been recommended for some type of chest surgery refuse to accept same. In all such cases every effort is made to persuade them to accept the treatment offered and believed definitely indicated. Of course, if a patient persists in his refusal of the chest surgery recommended, he is given such other therapy as appears indicated and which he will accept.

Data on collapse therapy from a few representative tuberculosis hospitals, which Mr. Maisel admits are practicing first-class medicine, follow:

Percent of collapse therapy

Hospital:	Percent
Worcester County Sanatorium, Massachusetts.....	30
Jefferson County Sanatorium, Beaumont, Tex.:	
White patients.....	18
Colored patients.....	18
Minnesota State Sanatorium, Minnesota:	
White patients.....	43
Indian patients.....	32

31. "That at some veterans' hospitals chest surgery is practically unobtainable; even at Washington, D. C., 190 TB patients received a grand total of 8 operations, all induced pneumothoraxes, and this veterans' hospital is listed as a chest surgery center."

The hospital at Washington, D. C., is not a tuberculosis hospital. Tuberculosis cases needing thoracic surgery are transferred to a tuberculosis hospital.

A report of chest surgery in nontuberculous conditions, submitted by the Washington, D. C., facility under date of January 4, 1943, which is the period covered by Mr. Maisel's statistics, follows:

	Treated	Result
(a) Thoracoplasty.....	2	Improved.
(b) Rib resections (rib tumors).....	2	Do.
(c) Thoracentesis.....	12	Do.
(d) Pneumonectomy (multiple lung abscesses).....	1	Died.
(e) Lung abscesses, surgical drainage, 2 stages.....	3	Improved.
(f) Lobectomy (bronchiectasis).....	1	Do.
(g) Thoracotomy—removal of mediastinal tumor.....	1	Died.
(h) Thoracotomy, exploratory, cancer.....	2	No change.
(i) Rib resection with packing of empyema pocket.....	1	Improved.
(j) Rib resection, drainage of lung cyst, 1 stage.....	1	Do.
(k) Rib resection, drainage of lung cyst, 2 stages.....	1	Do.
(l) Rib resection, multiple sinus tract obliteration.....	2	Do.
(m) Rib resection, empyema drainage.....	7	Do.
(n) Subphrenic abscess.....	1	Do.
(o) Partial Schede thoracoplasty.....	1	Do.
(p) Pneumoperitoneum.....	1	Do.
(q) Bronchograms.....	24	Do.
(r) Bronchoscopy.....	52	Do.

32. "That at every hospital he visited a private concessionaire has been allowed to run a canteen, and invariably the patients have complained about these 'used profiteers'; that at Castle Point the complaints took the form of petitions by hundreds of patients, and Navy Veteran Stanley Skigen told him of being charged 35 cents to cash a \$20 Government check, and Elbert Horner said he had been charged 65 cents."

The facts concerning the concessionaire at Castle Point were presented under allegation No. 9. It is probable that during the time Mr. Maisel visited at Castle Point excessive prices were charged for articles sold at the canteen. It is also true that patients and others complained of the operation of this concession. This condition has been remedied.

Relative to Stanley Skigen telling Mr. Maisel he had been charged 35 cents for cashing a \$20 Government check, and Elbert Horner saying he had been

charged 65 cents, the manager has furnished a signed statement dated March 15, 1945, as follows:

"The statement in Cosmopolitan about my being charged 35 cents to have a check cashed is not true. I was then, and am still, being charged 15 cents to have my \$20 checks cashed, and I feel that this is not right.

"STANLEY H. SKIGEN."

The manager reported that Elbert Horner when interviewed stated he was charged 65 cents to cash a \$100 Government check by the former concessionaire. He was not charged 65 cents for the cashing of a \$20 Government check. The Leon Neon Corp., of Newburgh, N. Y., now sends a representative the first of each month to the Castle Point Facility in order that the patients' checks may be cashed. A charge of 10 cents is made on all checks of \$8 or less and 15 cents for all checks above \$8. These charges are less than the charges authorized by the State of New York for such services. At several facilities the concessionaire makes a nominal charge for cashing patients' checks. At the majority of the facilities, no charge is made.

Under existing procedure all patients have the privilege of depositing their funds with the agent cashier and withdrawing them as needed, except the patient is limited to a cash withdrawal of \$5 per day. Any amount in excess of this is returned to him by check, and it usually takes from 2 to 3 days to have this check issued, because it is issued by the Treasury Department and not the Veterans' Administration. However, cash withdrawals in excess of \$5 may be made for an urgent need, such as being discharged or going home on furlough. The procedure for handling patients' funds has not been entirely satisfactory, due to the fact that it takes 2 or 3 days to have a Treasury check issued when a patient desires to withdraw more than \$5 at a time, except in emergency. In this connection, it might be stated that it is the ruling of the Comptroller General that all funds delivered to a facility for safekeeping must be deposited with the Treasurer of the United States, which makes it impossible for the Veterans' Administration to expeditiously return funds deposited for safekeeping. This matter is now receiving study, and it is expected that a satisfactory arrangement will be worked out whereby patients may deposit their funds for safekeeping and receive them promptly when withdrawal is desired.

33. "That at Castle Point there was a universal complaint of the patients concerning the food, and last September over 400 patients signed a petition begging for better food."

The food situation at Castle Point was discussed under allegation No. 8. However, at the time of Mr. Maisel's visit there were complaints from the patients concerning the food.

In special-delivery letter of September 30, 1944, the manager at Castle Point advised the medical director of the urgent need for the immediate assignment of an experienced chief dietitian, due to the highly nervous state of the head dietitian because of the strain under which she was working with only two dietitians on duty. The chief dietitian had entered upon her duty on August 7, 1944, and was transferred to the field roll on September 2, 1944.

On October 6 the Medical and Hospital Service received a letter from the manager dated September 22, 1944, with which he forwarded a newspaper article covering food complaints by patients at Castle Point. An experienced chief dietitian from Brook 2 was detailed to Castle Point immediately for 30 days to meet the emergency until a permanent chief dietitian could be assigned. A subsistence supervisor was also sent to the facility to assist the manager in eliminating any cause for food complaints and remained there from October 10 to 31, 1944.

The head dietitian reported off duty on extended sick leave October 13, 1944, and was transferred to the field roll on November 2, 1944. Reassignment was made by promotion and transfer from the Brook 2 file on November 2, 1944. A permanent chief dietitian was assigned by promotion and transfer from Hines, Ill., on November 2, 1944. An additional position of dietitian SP-5 was established on November 30, 1944. This brought the number of dietitians' positions at Castle Point to four, including one chief, one head, and two dietitians. All of these positions except one are filled at the present time.

The subsistence supervisor reported confusion in the dietetic department at the time of her arrival on October 10, 1944, due partly to lack of proper adjustment to the central tray service that had been instituted at Castle Point some months before and to a delay in obtaining certain needed equipment for satisfactory food preparation.

In addition, the illness and prolonged absence of the chief and head dietitian that necessitated replacements for both individuals, and a change in the chief cook the 1st of September, had a definite bearing upon the conditions found by the supervisor.

Both the chief dietitian on temporary detail from Lyons, N. J., and the subsistence supervisor rendered excellent assistance in the emergency so as to insure the food reaching the dining room and tray patients in appetizing condition and at proper temperature. The services concerned in central office took appropriate action to provide the needed equipment, including adequate refrigeration.

The report states that at the time of the supervisor's departure the new chief cook was showing excellent ability in food preparation, the dietetic employees were better organized, most of the confusion in the department had been eliminated, and the patients throughout the hospital appeared to be well satisfied with the food.

34. "That when he visited the Castle Point facility he examined a dozen meal trays and found the day's main meal one small pot of cold tea, two thin slices of white bread, a tiny pat of butter, a few thin slices of broken-down stewed peaches, and—the main course—a beef stew containing six or seven tiny chunks of greasy meat swimming in fast-congealing gravy; all cold as the grave."

Under allegation No. 8 I informed you of the regular menu served the patients the day Mr. Maisel visited the Castle Point facility. The manager on March 9, 1945, reported that at the present time the centralized tray service is functioning without difficulty.

medicine."

In addition to the allegations referred to above, Mr. Maisel also stated: "The cost at Glen Lake Sanatorium, Minneapolis, is \$3.85 a day. At the Minnesota State Sanatorium it is \$2.71. But the cost of caring for a TB case in the veterans' facility is \$5.20 per day—a first-class price for third-class

The average per diem cost of the 13 tuberculosis hospitals of the Veterans' Administration for the fiscal year 1943 was \$5.04; and for the fiscal year 1944, it was \$5.11. The January 1945 average per diem cost for this group of hospitals was \$4.90. There are many diverse factors which enter into the per diem cost of an institution, especially as to whether all items, such as the medical and nursing care, laboratory and X-ray services, operating room and anesthetic charges, etc., are included in the per diem cost, as in our hospitals, or whether the per diem cost is exclusive of physicians' fees and various other items which are paid for separately by the patient or supporting agencies or given gratis and therefore customarily do not enter into the operating cost of the individual sanatorium.

Not being in possession of the method used in arriving at the per diem cost from the two tuberculosis hospitals which Mr. Maisel mentions, I am not in a position to compare our per diem costs with these institutions.

1. "That the Veterans' Administration practices 'third-rate medicine for first-rate men'."

12. "That Harold Schwiebert died of heart failure because the wall that separates the right and left lung was forced against his heart by the fluid that gathered in his lung cavities—the fluid Schwiebert begged to have removed."

13. "That James Collier, who was admitted to the Castle Point facility December 28, 1943, was not examined again after admission until February 17, 1944, was transferred from the Castle Point facility to the Bronx facility for a lobectomy, and was compelled to carry his own valise and was not furnished transportation to and from the railroad station, and was transferred back to the Castle Point facility without being furnished transportation to and from the railroad stations and had only been reexamined three times since his return to the Castle Point facility."

The afore-mentioned allegations have not been presented in the chronological order in which they appear in the list of allegations. It is believed complete and full answers have been made to the allegations in the Schwiebert and Collier cases and that the statements made by Mr. Maisel in these two cases have been proven to be untrue.

In addition, it is felt from the foregoing presentation of my answers to the other allegations that the committee will see that the Veterans' Administration does not practice third-rate medicine for its veteran beneficiaries.

If there are any questions, I shall be pleased to answer them to the best of my ability.

Mr. McQUEEN. Mr. Chairman, I desire to enter in the record the report of Congressman Marion T. Bennett, member of this committee,

under date of April 9, 1945, together with the enclosures attached, also the report of Sherman Adams, Member of Congress, Second District, New Hampshire, which is a report of inspection of Veterans' Administration facility, White River Junction, Vt., under date of April 10, 1945, together with enclosures. Also the report of Congressman James C. Auchincloss, member of this committee, on inspection of Lyons, N. J., facility, April 6, 1945, and the Veterans' Hospital, Bronx, N. Y., on April 7, 1945, which report is in conjunction with General Kearney's report on the same facility. Also the statement of Mr. Dan Hightower, of Alaska, as to veterans' facilities in that Territory.

The CHAIRMAN. Without objection, it is so ordered.

HOUSE OF REPRESENTATIVES,
Washington, D. C., April 9, 1945.

HON. JON E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,
House of Representatives, Washington, D. C.*

DEAR MR. RANKIN: Pursuant to authority granted under your letter of March 29 and House Resolution 192 of the Seventy-ninth Congress, Congressman Errett P. Scrivner and I have made careful investigations of the veterans' facilities at Wadsworth (Leavenworth), Kans., and Excelsior Springs, Mo. Mr. Scrivner will give you an account of what we found at Wadsworth. The following is a brief summary of our observations about the institution at Excelsior Springs, Mo.

Mr. Scrivner and I made an unannounced visit to the hospital at Excelsior Springs on Tuesday, April 3. We spent the entire day there. This hospital is for tuberculosis cases and has a capacity of 267 beds. The superintendent is Dr. Forrest C. Bell, who combines the administrative responsibilities with those of a physician on the staff. There are no facilities for women patients. A new eight-story building has been authorized and plans approved for construction this summer. It will have 285 beds and thus more than double the present capacity of the hospital. There are at present 11 physicians on the staff, a full quota, and 1 dentist. The names, salaries, records, etc., of these doctors you will find attached hereto. Twenty nurses are now on the staff, five short of the full quota. The hospital now has 202 patients and is not overcrowded. A shortage of attendants, however, puts a load on the present arrangements. The full quota of attendants is 39 and there are 16 vacancies. The turn-over in attendants is heavy due to high wages in near-by Kansas City war industries and fear some attendants have of catching TB. A complete statement of personnel turn-over in 1944-45 is attached hereto as prepared by the personnel officer of the hospital. One more dietitian is needed and a recreational director. The quota of mess attendants is 25 and 3 vacancies exist. Assignment of 50 military personnel, already authorized, will correct present shortages in attendants. One stenographer and one janitor are presently needed.

Mr. Scrivner and I covered the hospital completely and gave all patients who wanted to do so opportunity to make complaints out of the presence of hospital officials. Generally speaking, patients are well satisfied. Complaints made included the following: The officer of the day sleeps on duty. He is on a 12-hour shift. Some patients feared they might die of hemorrhage before he could be awakened in such emergency.

Hospital officials said there had been no cases of this kind and that patients had a bell system to summon help.

Several patients complained of cockroaches. Contrary to hospital regulations, many patients keep food in their lockers. It is difficult to keep local patriotic societies and relatives from sending food and candy. This draws the roaches. It would appear this food should all be turned into a hospital official and doled out to the patient to whom it belongs and in small quantities which could be consumed without left-overs. This practice is more rigidly followed at Wadsworth.

Several patients complained that the doctors did not give them enough information about their progress upon which to base their own judgment when operations were recommended. There is no regular time at which patients are advised of their progress, if any. This leaves doubt in the minds of patients and is hard on their morale. Patients can get this information upon request, according to Dr. Bell.

There are only 6 or 8 out-patient cases. Of the present 202 patients, 70 percent are veterans of World War II. Two of these patients are Jewish and 22 are colored. There are 31 beds for colored patients. Of the 11 physicians on the staff, 8 are Jewish. Three are foreign-born, one in Italy and two in Poland. Birthplace of one of the physicians was not shown on hospital records.

The Excelsior Springs hospital is much better run than the Missouri State TB Hospital at Mount Vernon, Mo. At the latter institution, there are only 5 doctors for 576 patients. At the Iowa State TB Hospital at Oakdale, Iowa, there are 402 patients and only 4 doctors, including 3 refugees, who have no experience in TB cases.

Food at the hospital is good. Menus are attached for February 24 and March 24, 1945. In the cafeteria arrangements should be made for one of the staff to eat in the same room with patients and to eat the same food. Dr. Bell says present size of the cafeteria prevents this, but that it is to be enlarged. Daily per capita cost at Mount Vernon State Hospital is \$2.79, of which 67 cents is for food. Figures were not available at Excelsior Springs, but were estimated by the superintendent to be twice as high, the difference being not in food but in administrative overhead.

The hospital has had no trouble getting all the good food necessary. Milk is bought in Kansas City because local dairies do not meet necessary specifications. Meal rates for personnel other than the officer of the day, who gets his meals free, are as follows: 30 cents each for breakfast and dinner and 40 cents for lunch, or \$7.50 per month for one meal per day. Meals are served at 7 a. m., 12 noon, and 4:30 p. m. Some patients complained that this was too long a time between the evening meal and breakfast.

A canteen is operated by the barber at the hospital. He pays \$30 per month for his concession and makes about \$3,000 per year. His wife helps him and he has part-time help to push his cart through the wards twice per day. Ceiling prices are posted. The charges are slightly less than in the city. Fifty cents is charged for haircuts. The canteen is operated from 7:30 a. m. to 6 p. m. Patients had no complaints about it.

More individual lavatories are needed for patients to use in brushing their teeth. There was considerable complaint by patients over this situation especially by those on the road to recovery.

Fire protection is adequate. Regular fire drills are held. The hospital has one 1930 model fire truck and adequate hose, one 1937 Pontiac sedan, one 1938 Chevrolet sedan, one Chevrolet 1½-ton panel truck used to take laundry to Wadsworth 50 miles away three times per week, there being no laundry at Excelsior Springs which will do the work and none in the hospital. There is also one ambulance, a 1938 model special Buick. Patients are met at the train with the ambulance if necessary and transported in the sedans if no ambulance care is required. Bags are handled for patients.

Equipment was all inspected and physicians called it adequate. Preparation of food was observed and felt to be clean. Carts used to haul food to rooms were not always heated enough to keep the food sufficiently warm. Morale of the patients and hospital personnel was not as good as it could be. Dr. Bell is inclined to be a martinet in many respects and personnel seemed quite jittery in his presence. Bell is a former tubercular patient himself and seems well posted on his specialty.

An annual inspection of this facility would be a good thing. Patients reported conditions improved from many standpoints after the House of Representatives adopted Resolution 192.

Respectfully,

MARION T. BENNETT, *Member of Congress.*

APRIL 4, 1945.

SEPARATIONS IN PERSONNEL, VETERANS' ADMINISTRATION, EXCELSIOR SPRINGS, MO.

1944. Hospital attendants: 25 resignations, 1 death.

1944. Mess attendants: 14 resignations, 2 retired.

1945. Hospital attendants: 5 resignations.

1945. Mess attendants: 4 resignations.

1945. Nurses: 1 resignation.

1944. Nurses: 3 resignations, 1 transfer.

Physicians, Veterans' Administration Facility, Excelsior Springs, Mo.

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VETERANS' ADMINISTRATION

Position	Birth	Degrees	Appointed	Major training, experience, and professional societies
Manager; Dr. Forrest G. Bell, graduate Vanderbilt University, 1915; salary, \$5,800 per annum.	1892 (Chicago, Ill.)	M. D.	January 1920; resigned July 1931; reappointed May 26, 1936.	Internship, Bellevue Hospital, New York City, N. Y. Residency: London General Hospital and Third London General Military Hospital, London, England; post-graduate courses at London County Council Medical Society, London, England; past assistant surgeon, U. S. Public Health Service, Chicago, Ill. Societies: Military Surgeons, Hollywood Academy of Medicine, American College of Chest Physicians, Missouri State Tuberculosis Association, American College of Physicians; Internal Medicine and tuberculosis, Veterans' Administration, Milwaukee and Los Angeles.
Clinical director; Lt. Col. Ernest M. Tapp, graduate Ohio State College of Medicine, 1927 (B. A.), 1930 (M. D.); salary, \$415.10 per month.	1904 (West Mansfield, Ohio).	B. A. 1927, M. D. 1930.	1931	Internal medicine, Veterans' Administration, Los Angeles, anesthesia, Veterans' Administration, Los Angeles and Walla Walla, tuberculosis, Veterans' Administration, Walla Walla. Societies: Associate, American College of Physicians; member, American Trudeau Society; Member, Ohio State Medical Association; member, Ross County Academy of Medicine, Chillicothe, Ohio.
Chief Medical Service; Major D. W. Tripodi; graduate St. Louis University Medical School, 1928; salary, \$377.60 per month.	1896 (Italy)	B. S. 1921, M. D. 1928.	1939.	Attended clinics of Dr. Hedblom, Chicago, for 5 years; medical director, Livingston County Sanitarium, 7 years; post-graduate course chest surgery, Mayo Clinic 1936. Societies: None.
Chief, surgical service; Maj. Burnett Schaff, University and Bellevue Medical College, New York City, 1932; salary, \$315.10 per month.	1904 (New Haven Conn).	B. S. 1928, M. D. 1932	1940.	Surgical staff, Israel Zion and Coney Island Hospital, Brooklyn, N. Y., 1934-38; thoracic surgery at Chest Surgery Center, Tucson, 1941; thoracic surgery at Chest Surgery Center, Legion Tex., 1943-44. Accredited course bronchoscopy, Legion, Tex. Societies: None.
Chief, reception and out-patient service, Maj. S. Netzer, University of Louisville, 1926 (graduate) (M. D.). B. S. 1924, salary, \$420.10 per month.	1899 (New York, N. Y.)	B. S. 1924, M. D. 1926	1942.	Residency, Waverly Hills Sanitarium, Waverly Hills, Ky; tuberculosis at Kings County Hospital, Brooklyn, N. Y., 1927-42, including 3 years as staff physician. Societies: American Trudeau Society; associate, American College of Chest Physicians.
Pathologist and roentgenologist; Maj. F. J. Mantell, graduate Northwestern University, Chicago, 1929; salary, \$457.60 per month.	1903 (Laurel, Miss.)	B. A. 1925, M. D. 1929, M. A. 1932.	1930.	Pathology and roentgenology at New York Polyclinic Hospital; pathology, Cook County Hospital, Chicago; Reserve officer of training, roentgenology, Mayo Clinic, 1940. Societies: American Trudeau Society; Pinellas County, Fla., Medical Society; Southwest Clinical Society of Kansas City.
Cardiologist; Maj. Seymour Glasser (?); graduate Long Island College of Medicine, 1936; salary, \$432.60 per month.	1909	B. S. 1931, M. D. 1936.	1939.	Postgraduate cardiology, Veterans Administration, Washington, D. C.; School of Aviation and Medicine, U. S. Army. Societies: Aero Medical Association.

Neuropsychiatrist; Capt. Philip J. Kozinn; graduate St. Andrew's University, Great Britain, 1936; salary, \$333.40 per month.	1912 (Poland)	M. D. 1936.	1942.	Neurological Institute, Columbia Presbyterian Medical Center; tuberculosis, Sea View Hospital; assistant neurologist, Vanderbilt Clinic; Neurological Institute, neuropsychiatry; Veterans Administration, Marion, Ind., 1942-44. Societies: None.
Eye, ear, nose and throat specialist; Capt. Joseph Glasser, graduate University of Basel, Switzerland, 1937, salary, \$333.40 per month.	1910 (Poland)	B. S. 1932; M. D. 1937.	1941.	General medicine, Veterans Administration, Togus, 1941; Assistant eye, ear, nose and throat service, Veterans Administration, Oteen 1942-44; residency, New York City Cancer Institute 1940-41. Societies: None.
Phthisiologist; Capt. Edward P. Altomare; graduate University of Rome, 1939; salary, \$333.40 per month.	1911 (New York, N. Y.)	M. D. 1939.	1942.	Surgical service, Veterans' Administration, Whipple; anesthesia, Veterans' Administration, Whipple; anesthesia, St. John's, Long Island College Hospital 1940-42; reception service, Veterans' Administration, Whipple. Societies: None.
Assistant Reception Service, Capt. Louis Keller, graduate St. Louis University, 1937; salary, \$353.40 per month.	1906 (New York)	Ph. G. 1926, B. S. 1933, M. D. 1937.	1939.	Neuropsychiatry, Veterans' Administration, Wadsworth, 1940-41; assistant surgeon, Veterans' Administration, Whipple, 1941-42; medical field service School, Carlisle Barracks, 1942; acting dermatologist, Fort Benning, Ga., 1944, being associated with Dr. Hopkins; Professor dermatology, Columbia University. Societies: St. Louis Medical Society; Missouri State Medical Society.
Chief, dental service; Dr. Leo J. Adams, graduate Louisville College of Dentistry, 1917; salary, \$4,600 per annum.	1892 (Painesville, Ohio)	DDS.	1923.	Societies: None.

VETERANS' ADMINISTRATION

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*Light-diet menu, week of February 18-24, 1945, Veterans' Administration Facility,
Beechler Springs, Mo.*

FEBRUARY 18, 1945

Breakfast:

Apple sauce.
Wheatena.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Cream of asparagus soup, Crax.
Boiled potatoes.
Baked squash.
Bread, butter.
Lettuce with Thousand Island dressing.
Ice cream with chocolate sauce.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Sliced cheese.
Baked potatoes.
Bread, butter.
Creamed rice with raisins.
Coffee, milk.

FEBRUARY 19, 1945

Breakfast:

Stewed apricots.
Rolled oats.
Soft-boiled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Split-pea soup, crackers.
Noodles.
Spinach with lemon.
Bread, apple butter.
Butterscotch meringue pudding.
Coffee, milk.

Supper:

Pureed corn soup, crackers.
Boiled potatoes.
Cold canned tomatoes.
Bread, butter.
Royal Anne cherries.
Coffee, milk.

FEBRUARY 20, 1945

Breakfast:

Stewed prunes.
Cream of Wheat.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Cream of celery soup, crackers.
Buttered potatoes.
Buttered carrots.
Bread, butter.
Lettuce salad.
Ice cream.
Coffee, milk.

FEBRUARY 20, 1945—continued

Supper:

Chicken soup, crackers.
Mashed potatoes.
Buttered asparagus.
Bread, butter.
Floating island.
Coffee, milk.

FEBRUARY 21, 1945

Breakfast:

Tomato juice.
Wheatena.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Noodle soup, crackers.
Boiled potatoes.
Green lima beans.
Bread, butter.
Vegetable salad.
Apricot upside down cake.
Coffee, milk.

Supper:

Lima-bean soup, crackers.
Baked potatoes.
Buttered peas.
Bread, butter.
Fruit cup.
Coffee, milk.

FEBRUARY 22, 1945

Breakfast:

Stewed peaches.
Rolled oats.
Soft-boiled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Broth with rice, crackers.
Chicken a la king.
Mashed potatoes.
Buttered asparagus.
Bread, butter.
Celery.
Cherry pudding.
Coffee, milk.

Supper:

Cream of pea soup, crackers.
Bacon.
Buttered spaghetti.
Stewed tomatoes.
Bread, butter.
Lettuce with dressing.
Pineapple cream pudding.
Coffee, milk.

*Light-diet menu, week of February 18-24, 1945, Veterans' Administration Facility,
Excelsior Springs, Mo.—Continued*

FEBRUARY 23, 1945

Breakfast:

Royal Anne cherries.
Cream of Wheat.
Soft-boiled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Puree corn soup, crackers.
Fish.
Buttered potatoes.
Wax beans.
Bread, butter.
Tomato aspic.
Grape-jelly cake.
Coffee, milk.

Supper:

Oyster stew, crackers.
Baked potatoes.
Buttered peas.
Bread, butter.
Baked custard.
Coffee, milk.

Approved:

FEBRUARY 24, 1945

Breakfast:

Tangerines.
Wheatena.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Lima-bean soup, crackers.
Mashed potatoes.
Buttered beets.
Bread, butter.
Vegetable salad.
Peach pudding with cream.
Coffee, milk.

Supper:

Cream of potato soup, crackers.
Buttered noodles.
Spinach with lemon.
Bread, butter.
Canned apricots.
Sugar cookies.
Coffee, milk.

FORREST G. BELL, M. D.,

Manager.

ERNEST M. TAPP,

*Lieutenant Colonel, Medical Corps,
Clinical Director.*

M. S. GROMER,

Chief Dietitian.

*Light diet menu, week of March 18-24, 1945, Veterans' Administration Facility,
Excelsior Springs, Mo.*

MARCH 18, 1945

Breakfast:

Grapefruit.
Cream of wheat or
Dry cereal.
Bacon.
Toast, butter.
Coffee, milk.

Dinner:

Broth with rice, crackers.
Boiled potatoes.
Buttered carrots.
Bread, butter.
Perfection salad.
Butterscotch ice cream.
Coffee, milk.

Supper:

Chicken soup, crackers.
Buttered lima beans.
Pear salad.
Bread, butter.
Grapenut pudding.
Coffee, milk.

MARCH 19, 1945

Breakfast:

Stewed prunes.
Wheatena.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Puree corn soup, crackers.
Buttered potatoes.
Buttered asparagus.
Bread, butter.
Lettuce with dressing.
Baked custard.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Macaroni and cheese.
Buttered peas.
Bread, butter.
Canned peaches.
Coffee, milk.

*Light diet menu, week of March 18-24, 1945, Veterans' Administration Facility,
Excelsior Springs, Mo.—Continued*

MARCH 20, 1945

Breakfast:

Preserved figs.
Rolled oats.
Soft-boiled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Cream of asparagus soup, Crax.
Mashed potatoes.
Boiled lima beans.
Bread, butter.
Vegetable salad.
Ice cream with chocolate sauce.
Coffee, milk.

Supper:

Split-pea soup, crackers.
Broiled bacon with pineapple.
Spaghetti with tomatoes.
Celery.
Bread, butter.
Caramel meringue pudding.
Coffee, milk.

MARCH 21, 1945

Breakfast:

Grapefruit.
Cream of Wheat or dry cereal.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Lima-bean soup, crackers.
Boiled potatoes.
Buttered peas.
Bread, butter.
Pickled beets.
Fruit cup.
Coffee, milk.

Supper:

Vegetable soup, crackers.
Baked potatoes.
Buttered wax beans.
Lettuce salad.
Bread, butter.
Canned apricots.
Coffee, milk.

MARCH 22, 1945

Breakfast:

Apple sauce.
Wheatena.
Bacon.
Toast, butter.
Coffee, milk.

MARCH 22, 1945—continued

Dinner:

Cream of pea soup, crackers.
Mashed potatoes.
Buttered carrots.
Bread, butter.
Celery.
Ice cream.
Coffee, milk.

Supper:

Cream of potato soup, crax.
Buttered noodles.
Buttered asparagus.
Pineapple salad.
Bread, butter.
Frosted spice cake.
Coffee, milk.

MARCH 23, 1945

Breakfast:

Oranges.
Rolled oats.
Scrambled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Vegetable soup, crackers.
Fish.
Boiled potatoes.
Buttered peas.
Bread, butter.
Peach salad.
Boston cream pie.
Coffee, milk.

Supper:

Pureed corn soup, crackers.
Salmon with lemon.
Baked potatoes.
Cold canned tomatoes.
Bread, butter.
Royal Ann cherries.
Coffee, milk.

MARCH 24, 1945

Breakfast:

Grapefruit.
Cream of Wheat or
Dry cereal.
Soft-boiled eggs.
Toast, butter.
Coffee, milk.

Dinner:

Cream of celery soup, crax.
Buttered noodles.
Buttered beets.
Bread, butter.
Lettuce with dressing.
Cherry pudding.
Coffee, milk.

Light diet menu, week of March 18-24, 1945, Veterans' Administration Facility, Excelsior Springs, Mo.—Continued

MARCH 24, 1945—continued

Supper:

Beef broth with noodles.
Creamed eggs.
Boiled potatoes.
Spinach with lemon.

Approved:

MARCH 24, 1945—continued

Supper—Continued

Bread, butter.
Tomato aspic.
Purple plums.
Coffee, milk.

FORREST G. BELL, M. D.,

Manager.

ERNEST M. TAPP,

*Lieutenant Colonel, Medical Corps,
Clinical Director.*

MILLICENT WAIT,

Acting Chief Dietitian.

TREATMENT GOOD, SAYS EDITOR: INCREASED CAPACITY COMING

(By Charles H. Lerrigo, M. D.)

Not worth reading! That is what we would like to say to Kansas about an article appearing currently in a big magazine which gives a heavy slam to the veterans' hospitals. "Our first-rate fighting men," it says, "are getting nothing better than third-rate medical treatment." Presumably, we must give the editor who published this yarn the benefit of believing that it did not enter into his unsophisticated mind that such a story blazoned abroad would be like pouring kerosene on a smoldering fire—bringing a conflagration in which some hospital patients might suffer death.

Let me recite some facts from my own experience. A couple of years ago workers for control of tuberculosis were not at all satisfied. We told the Veterans' Administration about the way we felt. Things were done. In May 1944, we held a meeting in Chicago. Representatives of the veterans' organizations as well as those of the Veterans' Administration met with the National Tuberculosis Association. Already matters had improved. We were given very definite commitments for continued improvement.

As to service rendered by the hospitals of the Veterans' Administration, particularly service to Kansas veterans, and specifically as to that given by the tuberculosis hospital at Excelsior Springs, Mo., and the care given to tuberculous veterans at Wadsworth Facility, Kansas, I can speak from first-hand knowledge. In company with men representing Iowa and Missouri, I made a visit as late as March 9 to Excelsior Springs. The insinuation contained in the magazine article (that visitors see only selected patients) is definitely repudiated. Each of our group received a list carrying the name, and location in the hospital, of every patient from his particular State. The list of Kansas patients was too long for me to see every one of them but the choice was made by me. Furthermore, I was attended only by a social-service worker, who did me the service of locating the patient and then departed so that our conference might be private. Being a physician of 30 years' experience in tuberculosis, I was able to give these boys a good word in almost every case. You, who read this, may well believe that it was a joyous occasion. Many of the patients had come in since my last visit (on November 30, 1944). Old-timers welcomed me as an old friend. All were happy in their surroundings. I mean genuinely happy but I do not wish to imply that none of them exhibited a favorite grouch. I had several matters on my notes before getting through.

It is true that Excelsior Springs is overcrowded. At present the manager accepting only certain emergency cases. An addition to the hospital is planned the ground already staked out. With a present capacity of about 270, I think the new building will care for double that many. Also, speaking particularly of the fathers and mothers, wives and sweethearts of Kansas veterans, I say I have every cause to be satisfied. It is not my purpose to use our paper to fight for the Veterans' Administration. No doubt they will fight their own battle. But I do want to set at rest your apprehension.

I am glad to speak for the excellent management of Dr. Forest Bell, manager, Veterans' Hospital, Excelsior Springs, Lt. Col. Ernest Tapp, Medical Corps, his

competent assistant, and their associates. I could not visit Wadsworth Facility on that particular trip, but I must put in a good word for my friend, Dr. Melgie Ward, in charge of the tuberculous at Wadsworth. He has shown really expert knowledge and skill, both in treating tuberculosis and in his sympathetic encouragement of the patient. Your boys are safe with him.

Hon. JOHN E. RANKIN,

*Chairman, Committee on World War Veterans' Legislation,
House of Representatives, Washington, D. C.*

DEAR MR. RANKIN: Supplementing the report made by my colleague, Mr. Bennett, the following observations are made:

1. The hospital is situated on the side of a hill above a valley in which is located the town of Excelsior Springs, Mo. On frequent occasions, the air in this valley becomes heavy and filled with smoke which reaches to the windows of the second floor of the hospital. The gases and smoke are intensely irritating and have an adverse effect upon the tubercular patients. At altogether too frequent times, the smoke from the hospital power plant enters the wards, and it, too, adds to the discomfort of the patients and to the irritation of respiratory organs. This condition was discussed with the manager and with Colonel Tripp, and the recommendation is made that first the power plant be equipped with either oil or natural gas and then, having cleaned up its own nuisance, authorities will be in a position to request abatement of the smoke nuisance in the city.

2. If I am correctly informed, the essential elements of cure for tuberculosis are rest, nourishing food, and contentment. Rest periods in this hospital are rigidly enforced—leaves are restricted. Despite the recent resignation of the chief dietitian and the impaired health of the assistant dietitian (who is anxious to quit as soon as a new dietitian arrives), the food is nourishing. The feeding hours of 7:05 a. m., 11:05 a. m., and 4:05 p. m. leave a long, foodless period between supper and breakfast, broken to a minor degree by intermediate feeding (especially in view of the light and too often cold evening meals). Reason for this was given as the inability of working kitchen help in split shifts—and the hope was expressed that the arrival of military enlisted personnel will alleviate this situation.

However, contentment was noticeably lacking, due to at least two reasons. The first and foremost is the dominating—even dictatorially stern—attitude of the manager, Dr. Bell, demonstrated by the reported lack of warm friendliness on the part of this manager and on the part of others of the staff—a matter that should be thoroughly investigated.

The second reason is the darkness, the gloom, the lack of light, color, and pleasant surroundings. The walls are badly in need of paint; bright, colorful drapes would add to cheerful surroundings—and yet, when and if erected, a contemplated new structure would further curtail light in many of the wards. But, above all, the warmth really lacking is the warmth of the staff. A more human and humane relation is seriously needed.

A complete change of staff is indicated as necessary to correct these and other conditions.

3. Complaints were received that quite frequently meals were not hot when received by bed patients. The tray conveyors are old, and a new battery of these conveyors will undoubtedly improve the situation.

4. Patients requested a better division and increased segregation of cases according to the stage of disease, which requests seemed based upon reasonable grounds.

They also requested added speed in completion of X-rays and full clinical examinations—and full information on the results of such examinations and frank disclosure of their physical condition.

5. Recreational facilities and activities should be increased and modernized.

6. During our visit there was quite apparent a fear on the part of employees in the presence of the manager, and some patients seemed extremely reluctant to talk, and the conclusion reached was that these patients were under the same restraint as the employees. This condition may also be one of the reasons for rapid turn-over of minor employees.

Even though the manager may be, and on this point I offer no opinion, capable from a professional point of view, it is my opinion that many existing minor complaints will be eradicated by the change of facility managers.

7. Inasmuch as these patients are veterans, there is no disciplinary measure which can effectively control the departure of patients and, too often, no way that many of the rules relating to rest can be enforced.

The manager suggested—and there is logic in his suggestion—that tubercular soldiers and sailors should not be discharged from the service until they have achieved arrested cases. It is his view that with the discipline existing in the services, members of military forces would more quickly reach quiescence.

Many minor matters were called to the attention of the manager, and assurances were made that corrections would be made and improvement could be expected with the arrival of additional help.

On the whole, the visit disclosed that the conditions there existing, while far from the perfection desired, were good.

Respectfully submitted.

ERRETT P. SCRIVNER, *Member of Congress.*

APRIL 19, 1945.

[One day nearer victory.]

Mr. CARL J. ESCHBACH,
Veterans Hospital, Excelsior Springs, Mo.

DEAR MR. ESCHBACH: This will acknowledge receipt of your letter of April 14 relating to the Excelsior Springs facility.

You may (or may not) be interested in knowing that I, too, "chased the cure" (successfully), and hence, I am not entirely without knowledge of what to look for in a TB hospital. However, neither Mr. Bennett nor I are doctors and thus we are not—and were not—in a position to pass on the adequacy of medical treatments—a matter which will be gone into thoroughly when the investigation of hospitals gets into full swing.

To eradicate any false impression you, and all others, are advised that the recent visit was not an investigation or the investigation. It was and was intended only as a spot check to get first-hand information upon which to base recommendations to our committee as to the scope and extent the investigation should take—an investigation which has not, in the real sense of the word, begun.

To correct some erroneous impressions that you seem to have, you are advised that Mr. Bennett and I were in the hospital for far more than one-half hour, and we did far more than merely walk through the wards. In fact, we were in the hospital just a little less than 7 hours; we went through every part of it from ice boxes on up and down. I, personally, talked to more than 75 men there, many of whom I had known for many years, and during these interviews, there was no doctor or hospital employee with or near me, so that, if they desired, all these men could—and many did—talk freely, but no complaint of a serious nature was received. If I came to your ward or bedside, you were invited to make, in confidence, any complaint you might have. If I missed you, it was not intentional, and had time permitted, I would have talked to every patient. This, of course, could not be done even in 7 hours. Then, too, you might have—as some did—sent word to me that you wanted to talk with me. Had such a request come, I would have been at your bedside before leaving.

No one realizes better than I that 7 hours is not sufficient to make an investigation, and you may rest assured that more is yet to come.

Your complaint of the smoke nuisance was well-founded. It had been called to my attention before the visit and was discussed with the manager. Immediately upon my return, I discussed the situation with engineers of the Veterans' Administration. I recommended the use of oil or gas for fuel, and I have been assured that steps would be taken to remedy the situation as far as the hospital power plant is concerned. What can be done as far as the town is concerned remains to be seen. In fact, I raised the question—not yet satisfactorily answered—why the hospital was ever located there in the first instance.

We found other things wrong, and we have assurances that they will be corrected. If not, I'll know by the time I return home this summer. But I feel things will improve there. If they don't, you and all other patients are invited to let me know, just as I have invited the men I know and who know me.

As to your own case, as you state it, there would seem to be no justifiable excuse for the lack of treatment. If you desire and will authorize me to

do so, I will make personal inquiry into the matter. Give me the name of your ward doctor, when he said you were just another "hospital bum," and, if any, names of persons overhearing the remark.

In respect to the other matters mentioned, you can well understand that we must have specific information: names, dates, etc. For this reason request is made that you furnish me with the name of the chief nurse who aggravates the patients, the names of the patients and the aggravating acts or words; give me the names of the doctors, together with dates of and names of patients making the suggestion that they leave if they don't like it. Likewise, it is required that I be given the name of the officer of the day who had no knowledge of oxygen tents and the one who refused to see a patient upon the request of a nurse (give me her name, too). Send me the names of and addressees of the five patients who left against medical advice; and particularly the name of the man there 10 months with little or no examination or treatment. With the specific information, we will have something to work on; without it, we are handicapped.

The World War Veterans' Legislation Committee, made up for the most part of veterans of both World Wars, is interested in and concerned with getting our veterans the best obtainable service. We do not intend to "whitewash" any person or institution. We want the facts and will report them as we find them, no matter who it helps or hurts.

For this reason, we wanted "gripes" based upon facts set out specifically. We still want these justifiable "gripes," for, as I stated above, the investigation has not yet begun. So, if you, or any of the patients or former patients, have information, we should be given it.

Trusting that I may have the requested information within the near future, I am

Sincerely yours,

ERRETT P. SCRIVNER.

REPORT ON INSPECTION OF VETERANS' ADMINISTRATION FACILITY, WHITE RIVER JUNCTION, VT., APRIL 10, 1945

(By Sherman Adams, M. C., Second District, New Hampshire)

GENERAL DESCRIPTION OF THE CONDITION OF THE FACILITY

A comprehensive inspection of the veterans' facility at White River Junction was made by me commencing at 11:45 on April 10, 1945. No notice of my intended visit was given. Upon my arrival, the manager, Col. L. C. Chapman, was attending a meeting in White River Junction and was not present. I was referred to the chief medical officer, Dr. Emanuel Levy, who accompanied me on the first stage of my inspection.

The hospital and grounds were in a clean, orderly condition. Equipment was clean, and appeared to be well taken care of. Floors were clean and furniture neat, and the general housekeeping was entirely satisfactory.

DIETETIC SECTION

The kitchen was minutely inspected and all food storage receptacles, ice boxes, and storerooms were carefully looked over. A meal was in the process of being served consisting of vegetables, soup, roast pork, potatoes, carrots, whole wheat bread, and pie. Tea, coffee, or milk were available. The meal was well cooked, dishes were clean, tables well kept, and the linen carefully laundered. Attendants at the dining room for patients were adequate and reasonably presentable. A meal exactly similar to that served the patients was served to the medical director, Mr. Powers, and an inspector from Washington who happened to be in White River at the time, and myself in the general dining room where the officers, physicians, and department heads dined.

I interviewed the dietitian, Orlene W. Morris, and was favorably impressed with the work of her department. The kitchen was almost immaculate. All food receptacles were clean and the kitchen tidy, and very well kept. The ice boxes were in good order, the food well stored, meats were in good condition—all bore federally inspected marks, and garbage and refuse was properly being disposed of. The cooks and helpers were neat, and appeared to be properly carrying out their duties. No conditions were noted that could be criticized. An in-

spection was made of the diet rations, personal records of individual patients, and it appeared that satisfactory attention was being given to the individual needs of patients.

WARD AND PATIENT INSPECTION

There are four wards in the facility. Ward A—medical, ward B—surgical, ward C—medical, and ward D—receiving. A careful inspection was made of two of these wards—A and B. Surgical patients were interviewed at random, and without exception gave favorable reports of their treatment, care, and attention. No serious criticism was evident, although some mention was made of difficulties which appeared to be concerned with the administration of the hospital. These will be discussed later. The attention given to surgical cases and their diagnosis, both operatively and post operatively, seemed to be rather above the average for this type of institution, and the patients were generally appreciative of the work of the surgical staff. Patients were being turned over as fast as seemed reasonably possible. No old cases were noted except chronic recurrent ones.

In the medical ward there were some cases which had been hospitalized as long as 2 years. Upon inquiry the reason for these seemed to be largely heart and cancer cases which were presumably incurable. Some criticism of medical patients was directed at the medical director, and lack of ability to get along with the nursing staff, particularly the chief nurse. Further details of this situation follows:

MANAGEMENT

The hospital is under the management of Col. L. C. Chapman. Chapman made the statement that he had been in service in this country, but had been discharged and had resumed his work in the Veterans' Administration, which had been interrupted upon his call to active military duty. He had formerly been in the real-estate business but had failed, and had taken up work in Government service when he could not make his own business a success. The civilian staff seemed to be well organized. My interview with the manager did not disclose any complaints concerning the medical division of the hospital over which he has no control except with respect to one doctor whose removal had been requested. He was described as of no use to the hospital. No criticism, however, was made of the chief medical officer, although much criticism was heard of him among the patients and nurses.

Chapman seems to be a reasonably competent person and apparently runs the hospital well. It must be noted, however, that the budget for medical staff for this hospital exceeds the entire budget for a private hospital located near by. The expense of running the hospital seems to be substantially higher than is necessary, though this is probably a usual situation in Government hospitals. It's not peculiar to this one.

NURSING SECTION

The nursing section is in charge of Ethel L. Green, chief nurse. I interviewed her personally, and she confirmed reports that there was considerable friction between the medical director and the nurses. Administrative changes had been made against the judgment of the nurses staff, and patients made the comment to me that "Levy is trying to get rid of the head nurse." Miss Green is a person well along in years and presumably would be considered to have old fashioned ways. Evidently there is some racial feeling involved which aggravates the situation. The time of service for nurses has been changed recently. This seems to have disturbed not only the chief nurse, but some of the head nurses as well. Some comments even were to the effect that some of the nurses might refuse to take orders from Levy.

NEUROPSYCHOSIS PATIENTS

No facilities at the hospital are available for mentally diseased patients, except one room is provided for temporary use. There are, however, several contract hospitals, and one hospital without contract which cooperates with the facility, and a list of these is attached. There is some question as to the adequacy for care of mentally diseased patients, and a further study of this situation should be made. Inasmuch as the number of such cases is increasing, further attention to the case of this type of patient should be given, and the facilities for such cases should be further investigated.

CONCLUSION

A report is attached hereto listing the complete personnel of the hospital, together with the salary ranges for each occupation. The rates of pay are determined by the Administration, and up-grading is governed by regulations made by the Administration authorities in Washington.

The hospital at White River Junction is considered to be generally above the average of similar facilities. It is reasonably well managed, its staff is competent, and the level of care is satisfactory.

Mention has been made of the possibility of need for careful handling of neuropsychotic cases. It is to be noted that there are certain types of surgical cases which cannot be treated at the hospital. In an interview with Phillip Cooper in charge of the surgical division, it appears that many patients are being sent to New York City for treatment. Including the expenses of transportation, attendants, and waiting time at New York, the cost of treatment for these cases is excessive. Arrangement has been made with the local hospital whereby three of its staff are available to the facility on a case-fee basis. This takes care of the need of the hospital for the services of specialists in certain fields. However, there are cases which are not able to be treated locally due to lack of competent doctors, and lack of arrangements of the services of available doctors outside the facility. A comprehensive study of the needs of the hospital in this regard should be made, looking toward arrangements which will adequately take care of substantially all of the cases which come to the hospital for treatment. The means of negotiating such arrangements appear to be insufficiently elastic in order to work out the arrangements for the best interest of the patients. The use of private doctors, and in certain instances, the facilities of private hospitals should be possible when needed. The peak of the case load is estimated to occur in 1976. At various times it will be necessary that outside accommodations be made available in order to take care of the variations in patient requirements. A study of this need should be made, and continued in order that Administration facilities may be currently adequate for the needs of all veterans.

Veterans' Administration Facility, White River Junction, Vt., April 10, 1945

MANAGER'S DIVISION

\$5,600-\$6,400: Manager, Col. L. C. Chapman.
 \$2,000-\$2,600: Secretary to manager, personnel clerk, Kate L. Lyon.
 \$1,440-\$1,800: Stenographer, Dorothy C. Gee.
 \$1,440-\$1,800: Telephone operators: Howard C. Robinson, George H. Littlefield.
 \$1,620-\$1,980: Mail and records clerk, Frederick M. Gee.
 \$1,620-\$1,980: Abstract clerk, Fitzhugh L. Morris.
 \$1,440-\$1,800: Mail clerk, Margaret A. Burke.
 \$1,260-\$1,620: File clerk, Alfonso J. Romano.
 \$2,600-\$3,200: Contact representatives: Thomas J. Hayes, Fay J. Martin, James H. O'Neill.
 \$1,620-\$1,980: Clerk-stenographers: Pearl H. Bruhn, Madelyn R. Papin.
 \$1,800-\$2,160: Librarian, rec'l aide: Marian P. Goodwin.
 Nte \$260 p. a.: Chaplains: Rev. Herbert Hawkins, Rev. Patrick A. Barry.

LEGAL DIVISION

\$3,800-\$4,600: Chief attorney, Edward J. Dailey.
 \$1,800-\$2,160: Examiner of accounts, Margaret N. Chittenden.

ADJUDICATION DIVISION

\$3,800-\$4,600: Adjudication officer, Solomon Kilgroe.
 \$1,620-\$1,980: Secretary to adjudication officer: Mavis E. Gibson.
 \$3,800-\$4,600: Authorization officer, Lewis E. Springer.
 \$1,440-\$1,800: Stenographer, Elaine A. Sibley.
 \$3,800-\$4,600: Rating specialist, medical, Lt. Col. Frank E. Lewis; rating specialist, claims, Philip Griffin; rating specialist, occupational, Leslie E. Wilson.
 \$1,620-\$1,980: Secretary to rating board, Florence L. Daniels.
 \$2,600-\$3,200: Adjudicators: Edward Martin, Everett L. Pearson.
 \$1,440-\$1,800: Typist, Phyllis R. Elliott.

VOCATIONAL REHABILITATION AND EDUCATION DIVISION

- \$3,800-\$4,600: Vocational rehabilitation officer, Charles S. Rising.
 \$1,620-\$1,980: Secretary to vocational rehabilitation officer, Dorothy S. Melville.
 \$3,800-\$4,600: Vocational Advisers: Stephen K. Perry, Earle F. Wingate.
 \$1,440-\$1,800: Stenographer, Irma C. Danaher.
 \$3,800-\$4,600: Chief, education and training subdivision, Winn L. Taplin.
 \$3,200-\$3,800: Training officer, Philip O. Davis.
 \$1,620-\$1,980: Clerk-stenographer, Virginia M. Dewar.

MEDICAL DIVISION

- \$5,600-\$6,400: Chief medical officer, Dr. Emanuel Levy.
 \$4,600-\$5,400: Chief of service, medical, Harry Warshawsky, major, Medical Corps; chief of service, out-patient and admission, Leo Birnbaum, major, Medical Corps; chief of service, surgical, Philip Cooper, major, Medical Corps.
 \$3,800-\$4,600: Medical officers, Jonas Weissberg, captain, Medical Corps; Irvin T. Soifer, captain, Medical Corps; Harry Levitt, captain, Medical Corps; Andor A. Weiss, captain, Medical Corps; Dr. George H. Salomonsky.
 \$3,200-\$3,800: Associated medical officers: Benno Sobel, first lieutenant, Medical Corps; Eric Stamm, first lieutenant, Medical Corps.
 \$3,800-\$4,600: Chief dental service, Bertram H. Sawyer, captain, Dental Corps.
 \$1,440-\$1,800: Dental assistant, Loretta M. Daley.
 \$2,000-\$2,600: Laboratorian, bacteriology, Otis E. Cloud; laboratorian, roentgenology, James E. Canard; pharmacist, Kenneth B. Davis.
 \$1,320-\$1,680: Laboratory assistant, Wilfred E. Nalette.
 \$2,000-\$2,600: Chief physical therapy technician, Eleanor S. Barnard.
 \$1,800-\$2,160: Physical therapy technician, Esther B. Lally.

NURSING SECTION

- \$2,300-\$2,900: Chief nurse, Ethel L. Green.
 \$2,000-\$2,600: Head nurses, Beatrice V. Campbell, Lucile R. Tibbetts, Amy G. Tompkins, Sophie A. Robak.
 \$1,800-\$2,160: Graduate nurses, Mary A. Lynch, Margaret G. Tyrrell, Barbara C. Sheehan, Amy M. Manchester, Beatrice R. Boudreau, Geraldine N. Young, Arlene G. Knowles, Winifred Glynn, Mildred M. Lloyd, Irene J. Philips, Ann V. Lowe, Mary Anonia, Florence E. Caldwell, Lillian M. Newell, Anna F. McKenna, Regis D. Donahue, Evelyn R. Powers, Marie L. Dudley, Patricia E. Smith, Lauristine R. Whalen, Thelma Y. Favreau, Lucille L. Ethier, Virginia M. Napolitano, Margaret B. Briggs, Lucy W. Smyth.

ATTENDANT SECTION

- \$1,620-\$1,980: Head attendant, Russell G. Beckwith.
 \$1,440-\$1,800: Hospital attendants, SP-3, Lorenzo F. Bianchi, Glenn B. Sargent.
 \$1,320-\$1,680: Hospital attendants, SP-2, Philibert Remy, John B. Dumont, Bruce O. Campbell, Lyle F. Norton, Thomas H. Ruiter, David C. Babson, Lloyd C. Beecher, Francis C. Gaudette, Bernard J. O'Neill, Harold R. Fleming, Milton E. Roberts, Leon J. Crawford, Clarence E. Philbrick, Clitus C. Hoisington.
 \$1,200-\$1,560: Hospital attendants, SP-1, Joseph McGranaghan, John D. Rennie, Frank G. Lewis, Frederick A. Proulx, Omer St. Cyr, Robert A. Fountain, Frank C. Moritz.
 \$1,200-\$1,500: Maid, Doris G. Norton.

DIETETIC SECTION

- \$2,300-\$2,900: Chief dietitian, Mildred G. Carpenter.
 \$1,800-\$2,160: Dietitian, Orlene W. Morris.
 \$2,040-\$2,500: Chief cook, Lionel R. Blodgett.
 \$1,680-\$2,040: Cook (a), Edward J. Garrity.
 \$1,500-\$1,860: Cook (b), William D. Chalker.
 \$1,500-\$1,860: Cook (b), Stephen R. Mead.
 \$1,320-\$1,680: Mess attendants, Mary A. Matthews, Theodore O. Driscoll, Mary H. O'Day, Christine P. Pearson, Bertee D. Dyke.
 \$1,200-\$1,500: Alice M. Blanchard, Wilfred R. Hoisington, Joyce K. Sargent, Elizabeth J. Johnson, Lillian L. Kendall, Barbara A. Hoisington, Eva T. Hoisington, Joseph G. Caron, Robert A. Pinard, Dorothy A. Ducharme.

MEDICAL DIVISION—CLERICAL SECTION

- \$1,800-\$2,160: Secretary chief medical officer, Norma L. White.
 \$1,800-\$2,160: Clinical clerk, Marion A. Dewar.
 \$1,620-\$1,980: Admission, eligibility clerk, Marion E. Russell.
 \$1,620-\$1,980: Senior stenographer, Nathalie G. Baldwin.
 \$1,620-\$1,980: Stenographer, Mabel L. Allen.
 \$1,440-\$1,800: Typists: Laura F. Gauthier; Madeline L. Dunley; Doris R. Devins.
 \$1,440-\$1,800: Stenographer, Clara D. Johnson.

SUPPLY DIVISION

- \$2,900-\$3,500: Supply officer, Frank C. Littlefield.
 \$2,000-\$2,600: Deputy supply officer, William J. O'Connell.
 \$1,620-\$1,980: Secretary to supply officer, Elayne E. Stafford.
 \$1,620-\$1,980: Property accounts clerk, Lena E. Colt.
 \$1,620-\$1,980: Transportation clerk, John W. St. Croix.
 \$1,440-\$1,800: General storekeeper (b), Merritt E. Hemenway.
 \$1,320-\$1,620: Seamstress, Mabel G. Mayette.

UTILITIES DIVISION

- \$3,200-\$3,800: Utility officer, Samuel M. Kenney.
 \$1,620-\$1,980: Secretary to utility officer, Marguerite E. Scully.
 \$2,000-\$2,600: Engineer, Ernest E. Belanger.
 \$1,500-\$1,860: Firemen (a), Louis Melisi, Ernest A. Perkins, Albert G. White, Albert G. Estabrook.
 \$1,860-\$2,220: Electrician, Harold A. Henderson.
 \$1,500-\$1,860: General mechanic's helper, Norman H. Carr.
 \$1,860-\$2,220: Carpenter, Edward Beaudette.
 \$1,860-\$2,220: Painter, Neil M. Way.
 \$1,860-\$2,220: Plumber, William E. Vaudreuil.
 \$1,860-\$2,220: Auto mechanic in charge garage, Lester L. Mock.
 \$1,500-\$1,860: Guard-chauffeurs, Harry F. Stimpel, Lee G. Gilman, Wayne, J. Gee, Ephraim L. Adams, Ralph M. Sears, Walter W. Lamson.
 \$1,200-\$1,500: Junior laborers, Donald P. Terrier, Robert L. Withington, Albert Bova, Henry A. LeDuc, Philip Tarnowski, Clark W. Bates.
 \$1,200-\$1,500: Janitors, Alfred J. LaRock, Sanford H. Wagner, John E. Johnson.
 \$1,500-\$1,860: Gardner (landscape), Ralph W. Carr.

FINANCE DIVISION

- \$2,900-\$3,500: Finance officer, Eurette E. Barrett.
 \$1,800-\$2,160: Assistant finance officer, Harold E. Burke.
 \$1,620-\$1,980: Pay roll clerk, Doris P. Goodrich.
 \$1,620-\$1,980: Adjustment clerk, Irene F. Lagasse.
 \$1,800-\$2,160: Voucher-examiner, David A. Edgar.
 \$1,440-\$1,800: Typist, Doris M. Quinlan.

LOAN GUARANTEE DIVISION

\$1,800-\$2,160: Examining clerk, Delma T. Daggett.

\$3,800-\$4,600: Readjustment allowance agent, Earl F. Horsford.

CONTRACT HOSPITALS

Brattleboro Retreat, Brattleboro, Vt.: Female veterans suffering from psychosis.

Vermont Soldiers' Home, Bennington, Vt.: Male veterans.

Putnam Memorial Hospital, Bennington, Vt.: Female veterans. No acute NP cases admitted.

Mary Fletcher Hospital, Burlington, Vt.: Out-patient physical-therapy treatments.

HOSPITALS WITHOUT CONTRACT

Fanny Allen Hospital, Winooski, Vt.: Indicated willingness to cooperate without contract in furnishing medical services within its capacity and to the extent that beds are available when required.

REPORT ON VISIT TO VETERANS' HOSPITAL, LYONS, N. J., APRIL 6, 1945

(By Hon. James C. Auchincloss)

I visited the veterans' hospital at Lyons, N. J., on April 6, arriving about 12:30 p. m., and staying there through the supper hour, leaving about 6:30 o'clock. From New York, Lyons is reached by motor or by taking the Delaware, Lackawanna & Western Railroad, and although the distance is not great, it is a tedious trip. The station is small and I could see no taxis but there was a bus that met the train and took me to the front door of the hospital in about 10 minutes. I am advised that those who go there by motor have difficulty in finding the hospital, because direction signs are lacking. This should be corrected.

The hospital buildings, located on a small portion of about 800 acres of Government land, are of brick construction and conveniently located in relation to each other. Three new buildings were in the course of construction and were expected to be finished within a few months. A farm, operated by the inmates, is on the grounds and a substantial amount of the food used in the hospital is raised there.

I entered the hospital by the main entrance of the building, where the executive offices are located, and leaving my card at the desk, took the elevator by myself to one of the psychiatric wards without waiting for the manager. When Mr. Rogers, the acting manager, and Dr. Lopez, the doctor in charge, caught up with me, I was talking to one of the female nurses and had already spoken with three or four of the patients. I asked them for complaints and was told they had none.

Accompanied by Mr. Rogers and Dr. Lopez, I went unannounced to a meeting being held by a board of doctors to interview patients and discuss their conditions. As I entered the room through a door behind where the doctors were sitting, I do not think they even knew I was present. There were about 15 student nurses also in attendance. These hearings were conducted in a very businesslike way and I was impressed by the sympathetic attitude shown by the physicians toward the patients. I listened to the review of five of these cases and was introduced to the group on my departure. I took that occasion to compliment them on what I had seen and heard.

From there I was escorted by Mr. Rogers and Dr. Lopez through the hospital and I had opportunity to see and talk to the patients in the different wards. I saw men who were only slightly ill and others who were so mentally disturbed that they wore restraining manacles. I spoke to two of these men and left with the opinion that restraining measures were necessary in their particular cases and I was satisfied that the methods used were not inhuman but, as far as such things can be, quite the contrary. I saw one man in a strait-jacket in bed. He had tried to cut his wrists, which were bandaged, and when I came in the ward he was being attended by a motherly looking nurse who was talking to him in a quiet way. He was greatly upset and expressed regret for what he had done. I saw men lying on the floor in some of the recreation wards, but

this was apparently done by choice because there were plenty of chairs and benches to sit on. In one of these wards a noisy game of bingo was going on which was apparently enjoyed by patients and attendants alike. Token money was being used.

At Lyons most of the cases are psychiatric patients, but there are some tubercular patients as well. The rooms in the tubercular ward seemed dark to me, but this was due to the large outdoor porch onto which the rooms opened. The food is specially prepared for this ward and all dishes are washed in the ward before leaving it. The patients here seemed contented and were, I think, largely veterans of World War I.

I am not a doctor and so I am not competent to report on the quality of the medical treatment given to the patients. I saw a number of patients receiving some sort of bathing treatment and others receiving sun-lamp applications. Whether this was the most up-to-date method of handling their cases or not I do not know. I do know, however, that these men seemed to be happy and contented as to what was being done for them. Of course, in the wards where the worst nervous cases were located there was sullenness and some discontent and complaints were heard, but these complaints, it seemed to me, had to be discounted to a certain degree by the unsettled condition of the complainants. I did not see any operating rooms in Lyons and whether there should be any or not would depend on the opinion of competent physicians.

The male attendants impressed me as capable men, although I realize that impressions of male attendants in an institution of this kind does not mean much. I heard no complaints about them from the patients I talked to. I saw some of the conscientious objectors who are assigned to Lyons and was told that they did their work well and had no trouble with the patients. However, I think it a mistake to have men who, because of religious beliefs, refuse to kill or be killed for their country, mingle or associate in any way with men who had no such scruples. It is like trying to mix oil and water. There is no doubt that there is a dearth of women nurses. Those I saw and talked with impressed me very highly, and I feel sure a greater peace of mind would come to these gallant soldiers of our country if they received more of the beneficial tenderness of woman nurses.

I was very favorably impressed with the kitchens and cuisine. I inspected the refrigerators, storerooms, pantries, and kitchens thoroughly. I watched the preparation of the evening meal and later ate it. The food was good and wholesome, it was well prepared, and the servings were generous. Furthermore, the patients appeared to enjoy it. The food which was sent to the wards was carried in electric heaters and arrived in good, palatable condition. The menus are well planned and the chief dietitian, Miss Florence O'Brien, appeared to be most competent and to understand her job.

There are a few observations I would like to make concerning Lyons:

1. It is overcrowded. The wards for the mentally disturbed patients are jammed with beds and even a layman can see that they are too close together. This is bad for morale, discipline, and medical hygiene, and should be corrected without delay. A standard for the number of beds in a ward should be adopted and lived up to. If anything, the authorities are too complacent about this condition.

2. Greater facilities for recreation should be provided. The games and magazines provided in the recreation wards are few and what there are, are in poor condition. I feel sure that patients would stand a much better chance of a cure if they were encouraged by having at their disposal games, books, and periodicals.

3. The rehabilitation or occupational work should be greatly expanded. I saw a few patients painting, weaving baskets or mats, making poppies, etc. There should be a great deal more done along these lines. The hospitals should be for the reconstruction of these broken and disturbed minds and not just a place for veterans to spend the rest of their days.

4. The doctors should have the advantage of advice and instruction from the best minds in the profession. Great strides are being made in the treatment of mental patients both in and out of veterans' hospitals but the doctors working in these hospitals seem to be shut off from outside progress and something should be done to overcome this. Perhaps the formation of a separate veterans' medical corps is the answer.

5. Lyons is not easily accessible. This is hard on relatives and friends and such isolationism also makes it hard to receive visits and consultations from the outside medical profession.

REPORT ON VISIT TO VETERANS' HOSPITAL IN THE BRONX, N. Y., APRIL 7, 1945

(By Hon. James C. Auchincloss)

I visited the veterans' general hospital in the Bronx, New York City (known as Bronx 81), on April 7, 1945, where I met Congressman Kearney. I arrived at the hospital about 1 p. m. and was immediately taken to the dining room where I joined Dr. Cook, the manager, and Mr. Kearney and we had lunch together. The food was excellent and, after eating, we inspected the storerooms and culinary department and as far as I could see, the care and preparation of the food was all that could be desired.

Dr. Cook conducted Mr. Kearney and myself through the wards and as I understand that Mr. Kearney has given you a report on this visit, I will confine myself to my own impressions and views on this hospital.

The buildings are grouped closely together in the middle of the growing Borough of the Bronx and there is little or no room for expansion. This is a serious matter especially when it is remembered that all general medical and surgical cases for the north half of the State of New Jersey, the vicinity of New York City, and part of Connecticut are sent there for treatment. My general observations about Bronx 81 are as follows:

1. It is overcrowded. The wards are full and the temptation is to let patients go to make room for others. I do not know that this has had any ill effects on those who have left but it is not a good state of affairs. There is congestion in the admittance ward and similar conditions are found in other parts of the institution. I believe the answer is the immediate construction of additional facilities elsewhere to relieve the pressure, and in planning these new hospitals they should be planned with a generous eye to an ever increasing demand.

2. Greater attention should be given to recreational facilities offered to men in the wards. It is a dreary existence to have nothing to do and especially so when one is ill. There is a well-equipped library, but as far as I could see, it was for those who could get to it.

3. I was very favorably impressed with the dental clinic. This was a beehive of activity and it appeared that the work being done there was of a high order of efficiency. This is equally true of the department where artificial limbs were being made and fitted. The workmen showed great interest in doing a good job for the handicapped men and the patients were excited and happy in the service they were receiving. I was also favorably impressed with the operating rooms. They appeared to be modern in every respect.

4. I was unfavorably impressed with the extent of the rehabilitation and occupational work being done. There is great room for improvement in that department and its expansion should not depend on the unselfish efforts of volunteers but should be under the direction and control of personnel trained in that sort of work.

5. I was favorably impressed with Dr. Cook, the manager. He is a man experienced in this sort of work and I believe realizes what should be done if he could have the tools with which to do it. In my talk with him I was again impressed with the need of a strong and independent corps of doctors and nurses aided by the stimulating encouragement and interest of outside men and women of the profession. Service as a doctor or nurse in the veterans' hospitals should be sought after and hard to get into. The best is none too good for the defenders of our country.

JUNE 12, 1945.

STATEMENT OF DAN HIGHTOWER, OF ALASKA, BEFORE THE COMMITTEE ON VETERANS' AFFAIRS OF THE HOUSE OF REPRESENTATIVES, WASHINGTON, INVESTIGATING THE VETERANS ADMINISTRATION OF THE UNITED STATES

Lady and gentlemen of the committee, Alaska as a territory belongs to all the people in all the States of the United States. It should be developed and enjoyed by Americans the American way. This will be done if we all join forces in putting to action the machinery with which the Congress has implemented the laws here under discussion.

In appearing before your committee I do so as the spokesman of World War I veterans and veterans-to-be. These service men and women are not only those who were recruited from or enlisted in Alaska, but those as well from the States

who are going to Alaska to live after the war is over. This latter group, based upon the best estimates which can be made at this time, will greatly outnumber those who lived in Alaska at the time of entering the service.

We have no indictments to present to the committee against the Veterans' Administration beyond complaints of failure to act in doing what Congress has already provided in legislation for the women and men doing our fighting for us. While the Servicemen's Readjustment Act of 1944 is not perfect, yet it is a fine start in the right direction, and the Congress is to be complimented in its wisdom and foresight in the liberal provision already made for these young people and also upon its continued, detremined efforts to bolster the weak parts of laws in point in this discussion.

By bringing to the attention of this committee at this time the condition of affairs in Alaska relative to facilities for War II veterans, it is felt that much time may be saved in future for all. Congress included, because to wait until the veterans return in large numbers before beginning installation of such facilities will bring a flood of complaints and inquiries which otherwise can be avoided.

One of the groups sponsoring my appearance here is Denali Post No. 1685, Veterans of Foreign Wars of the United States, more than 90 percent of whose membership is now serving or has served in the present wars. This is the largest single-unit organization of any kind in Alaska. During the year just closed it had a paid-up membership of more than 1,800. Because of having location in the center of veteran population of Alaska, it will no doubt continue as the largest organization. Its present membership has men from all of the States.

The groups of service people and the civilians living near Fort Richardson, Alaska, who want to be of assistance in rehabilitating our young people now serving in the armed forces have instructed me to say to this committee, to the Federal Board of Hospitalization and to the Administrator of Veterans' Affairs here in Washington that their first desire is to assist in getting facilities made available for veterans everywhere in Alaska; that the matter of Alaska headquarters for such a facility is secondary in community aspirations, and that such a facility and its administrative headquarters must be placed where it can render the best service, when the items of center of veteran population, accessibility, transportation, and climate are considered. We shall be glad to furnish you statements of fact which we think control such a location, or suggest locations for consideration to those authorized to make a decision; but we will not be a party to any petty, factional fights for selfish interests. My own business of representing certain manufacturers in selling to merchants in Alaska carries me to all the populated areas of the Territory several times yearly, and in those travels I have for several years been in frequent touch personally with our soldiers, sailors, and marines now on duty there. I get their views first-hand.

Since reaching Washington I have been reliably informed that the Federal Board of Hospitalization is considering a plan whereby the hospital facilities for veterans in Alaska will be turned over to and administered by either the United States Public Health Service or the Office of Indian Affairs under the Department of the Interior, or by a joint operation of United States Public Health Service and the Office of Indian Affairs. I question seriously the advisability of "farming out" the affairs of veterans of world wars to any agency or bureau other than the one Congress has delegated specific duties to, and do not believe that Congress meant to authorize delegation of such functions to other agencies or departments of the Federal Government when it provided in the GI bill of rights and/or elsewhere that the Administrator (of Veterans' Affairs) shall have authority to accept uncompensated services, and to enter into contracts or agreements with private or public agencies, or persons, for necessary services, including personal services, as he may deem practicable. To divide responsibilities in such an undertaking will result finally in no responsibility, but instead in disagreement, overlapping of so-called duties, friction and "passing the buck" while the man who needs the service is the victim of delay and inaction. We take here the identical position which senior ex-servicemen's organizations have taken over a period of years and which position has been repeated by those organizations recently to this committee, that the Veterans' Administration, operations of hospitalities included, should remain an independent agency.

It is also common knowledge to Alaskans that Seattle wants Veterans' Administration facilities for all of Alaska to remain under the Seattle facility

of that Administration. It is there now, and we frequently bury a veteran in Alaska while awaiting reply to communications to Seattle asking if we may send him there or elsewhere it may designate for treatment. Shortly after Congress had passed the GI bill of rights, the chairman of the Alaska Committee of the Seattle Chamber of Commerce, who lives in Seattle, made this statement in the lobby of the Nordale Hotel in Fairbanks in the presence of four listeners, of which your speaker was one: "Well, the proper place for veterans' facilities for Alaska veterans is Seattle."

Before concluding with a brief statement on what we think would be adequate in the way of immediate facilities installed in Alaska for veterans stationed and living there, I would like to call to this committee's attention pertinent excerpts from a letter I released on last June 8 to the present chairman of the Federal Board of Hospitalization here in Washington. This letter, of course, has not been acted upon yet:

"* * * * There is an unprecedented flood of declarations coming from our soldiers, sailors, marines, and coast guardsmen, in this war, to locate themselves in Alaska upon termination of their present service connections.

"* * * * No sane custodian waits until the stream reaches flood stage before beginning reinforcement to its weakened levees. If we act now and just as soon as the exigencies of war permit (and we all know that winning the war and peace is paramount to everything we will ever possess), we will be prepared for additional numbers of our ex-service women and men to be orderly and profitably absorbed in business in Alaska in the early years of the postwar era.

"Just as business, industry, and other Government instrumentalities are preparing for orderly expansion of their ranks to aid these young people in making good in Alaska, so must the Veterans' Administration take steps in time to administer the facilities these veterans-to-be are eligible for under the law.

"Functions of the Veterans' Administration under recently enacted laws for War II veterans mean more than erecting, equipping, and operating hospitals. For example, there are the services of disability claims and their presentation, and vocational training for the disabled, both closely allied with hospitalization; and the services of accredited representatives other than Veterans' Administration employees, submission of discharges for review, rights of dependents, estates of decedents, education, loans, unemployment compensation, liaison with other Government departments and agencies and with the Selective Service System on employment rights and priorities not necessarily related to hospitalization. Moreover, and in the case of Alaska particularly, there must be much counseling to be sure that those who would go to Alaska for their first experience in living there understand the conditions, climate, and opportunities—in other words, a sort of 'mental conditioning' in advance of the move. The items mentioned are but the headings for a multitude of details descending upon your Administration, we all realize. They are present in Alaska now and will increase. They cannot be handled properly by remote control. We insist here, however, that hospitals are the present and future indispensable item in properly administering veterans' facilities in Alaska the way the Congress has provided for.

"Congress has wisely taken into consideration the limited separate financial abilities of United States possessions such as Alaska in providing in this new servicemen's law that the Administrator of Veterans' Affairs is authorized and directed to establish new facilities in centers of population where there is no Veterans' Administration facility, or where such a facility is not readily available or accessible. Congress in this law has also taken cognizance of the fact that Alaska belongs to all the people in all the States * * *.

"It is conceded, of course, that there are a few places in extreme southeastern Alaska which are reasonably accessible to Seattle, distance and frequency of travel facilities considered. But bringing men from Seattle to Alaska to aid in directing veterans' affairs, including hospitalization, does not reduce the mileage nor meet the exigencies of emergency cases any more than it reduces the miles in traveling from Barrow to Ketchikan, or from Nome to Juneau. Taking men familiar with Alaska to employment at Seattle under that facility does not meet the requirements. It is true that through no fault of his own the employee which the Seattle facility has in Juneau is a minister without portfolio, in that he is limited by the Seattle facility of the Veterans' Administration mainly to advising the inquirer or person to be served to take his matter up with Seattle, or himself refer it there. There are hundreds of people throughout Alaska who will gladly and without charge of any kind aid ex-servicemen in making such contacts and inquiries where they themselves cannot do so properly. But

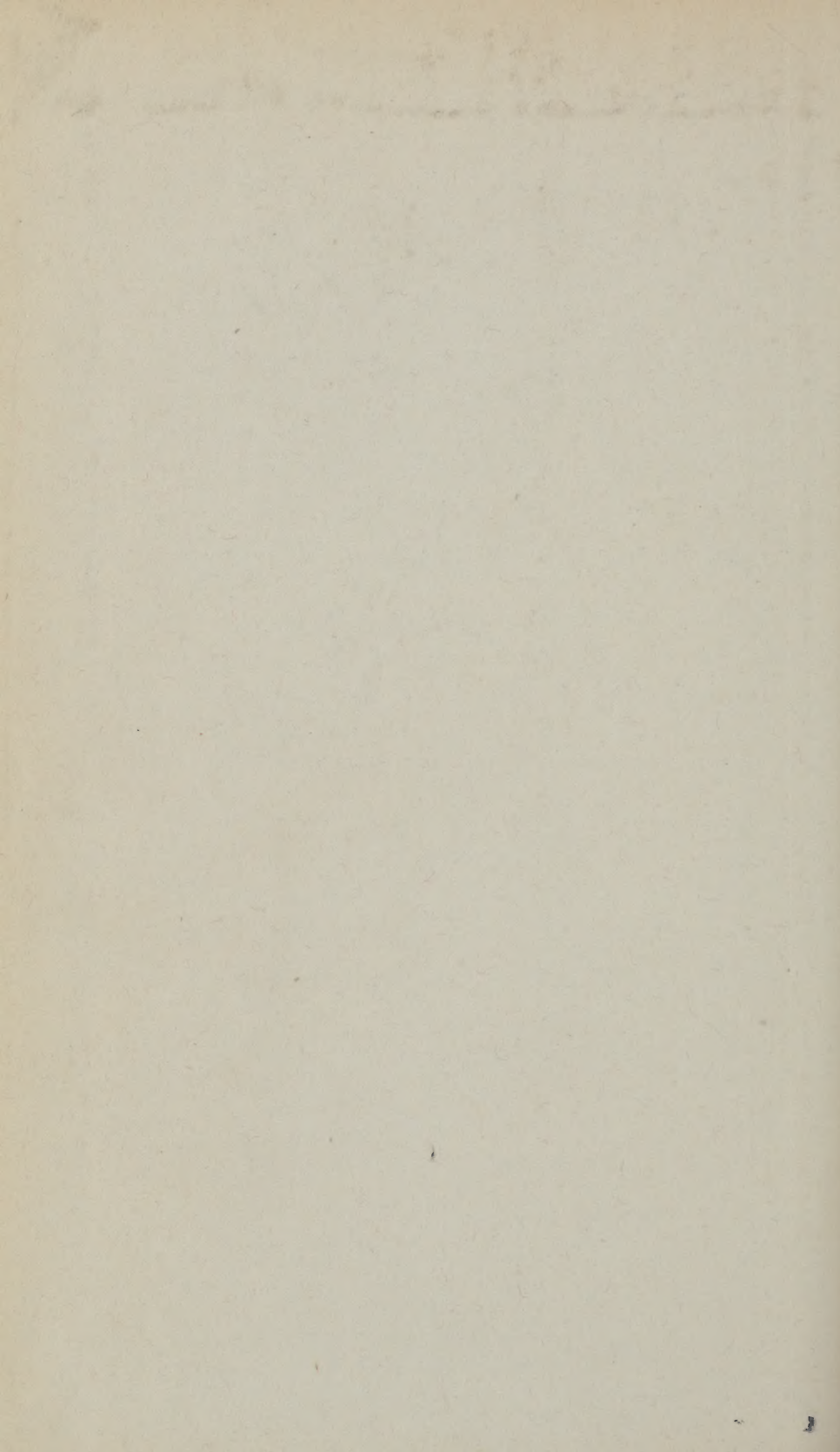
this latter fact also fails to meet the requirements and provisions of the laws which Congress has passed.

"Every civic-minded community in Alaska would take great pride in having an institution the kind your Board and Administration build and maintain. But all cannot have them; and rival community claims, although entirely legitimate, informing, and even praiseworthy, must finally be reduced to actual location if the job is to be done. Please pardon my directness of statement here when I say that your Board and Administration are not justified in delaying a sorely needed installation which Congress has provided for, merely because rival communities and organizations cannot reach a common agreement on location. Congress did not intend letting our differences in such matters make the men in the service "the goat" of our dilatory tactics. The law and facilities we are speaking of here are for the veterans of World War II. The disagreements in Alaska here spoken of are almost 100 percent between veterans of World War I and non-veterans. Congress has said the women and men serving in World War II have, through that service, bought and paid for the facilities here contended for, and Congress did not give those of us not eligible to participate the authority to veto or delay action thereon."

The ones for whom I speak do not and will not advocate expenditures of money on an ornament or edifice. Instead, what we want in Alaska is a service institution. If a suitable building is not available in the place to be selected for the principal veterans' hospital, one will have to be built. Decentralization of functions to officials of such a facility should include authorization to send patients having unusual ailments to institutions in the States especially equipped to treat such diseases. Alaska asks just what Congress intends for us to have, viz: Veterans' Administration facilities in charge of persons empowered to act.

(Whereupon, at 4:15 p. m., the committee adjourned until 10 a. m. Tuesday, June 12, 1945.)

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